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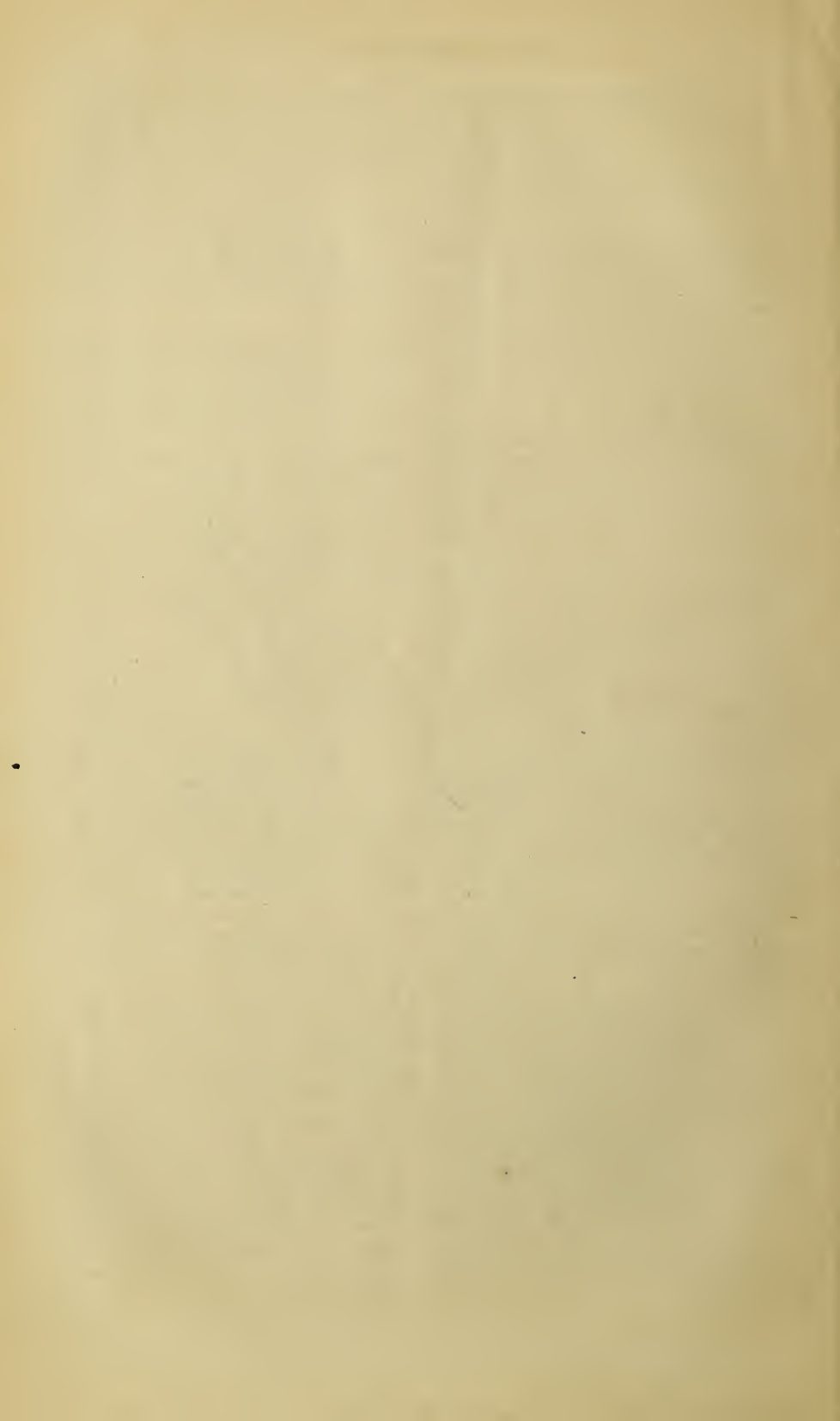
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No. 1.

SOME ACCOUNT OF THE RECENT EXPERIMENTS IN CONNECTION WITH THE CASE OF M. GROUX.

[Reported to the Boston Society for Medical Improvement, and, by request, communicated for the Boston Medical and Surgical Journal.]

BY J. B. UPHAM, M.D., BOSTON.

WITH the indulgence of the Society, I propose to offer an abstract of my recent experiments made in connection with M. Groux. And I do this, not with the expectation or intention of presenting you now any absolute mathematically exact results, nor with the attempt to point out, thus prematurely, the conclusions that may follow from a knowledge of the facts already obtained. All this, I am aware, requires much mature deliberation, and a rigid comparison and weighing of all the circumstances of the case. It is my object, rather, merely to describe the nature of the experiments themselves, and the conditions under which they were made, and to put on record here, as it were, the main facts, dates and localities in reference to them and the approximate results. And it is my purpose, at a future day, to draw up fully and minutely such statements as will bear the test, I hope, of scientific analysis and investigation. To this end, instruments are being constructed with a mechanism more perfect and delicate than any I have yet been able to obtain, and which shall exhibit and record with unquestionable accuracy the minutest possible intervals of time. In the recital of the descriptions which follow, I may have to repeat some particulars which many of the gentlemen now present have already heard.

To proceed—The experiments, now under consideration, were directed primarily and mainly to the elucidation of a single point in connection with the malformation of M. Groux—which point has, however, from the first, been made an essential element in the proper understanding of his remarkable and almost unique case, and about which the most eminent authorities have widely differed. This is, I need not say, the question of the synchronism or non-synchronism of the various mo-

tions of the heart and great vessels as displayed by M. Groux. To particularize still further, it is whether the impulse of the principal beating tumor (the main body of it) seen in the middle of the sternal fissure is, or is not, synchronous with the shock of the heart as usually felt at or about the space between the fifth and sixth ribs. In regard to this question of difference, let me quote from some of the authorities who have made particular mention on this point.

M. Bouillaud says: "The pulsations (referring to the medio-sternal tumor) are synchronous with the pulsations of the carotid artery, the subclavian, radial, and with the shock of the heart." Prof. Hamernik says the pulsating tumor is "the right auricle, and not synchronous with the heart's apex." Dr. Ernst, of Zurich, writes: "It is clear that the part of the heart seen and felt contracts when it moves downward. This motion," he continues, "is synchronous with the shock of the heart which is slightly felt between the fifth and sixth ribs." Dr. C. J. B. Williams says: "The visible pulsation in the middle third of the sternal vacuity immediately precedes the ventricular systole," &c. Dr. Gairdner, of Edinburgh, observes, that "the upper visible pulsation" (meaning that of the medio-sternal tumor) "precedes the apex beat by an interval appreciable, but not so easily appreciable." Dr. F. W. Pavy, of Guy's Hospital, says: "The tumor occupying the position of the right auricle pulsates with the contraction of the ventricle and the production of the first sound of the heart," and he concludes, for this reason, that the tumor, which he admits to be the auricle, is put in motion by the contraction of the ventricle beneath. The Committee of the New York Pathological Society, appointed to examine the case of M. Groux, say, in their recently-published Report; "The contraction of the tumor is synchronous with the impulse of the heart, at the level of the fifth rib." Again, most of those who believe these motions to be not synchronous, agree that the pulsation of the tumor in question precedes that of the others in point of time. M. Marc. d'Espine, of Geneva, however, avers that "the pulsation in the middle of the sternal fissure *follows* so immediately, indeed, each systolic shock of the heart, that these two motions *seem* synchronous."

The delicate and beautiful instrument of Dr. Scott Alison, of Edinburgh, called the sphygmoscope, has added much to the facilities for determining this vexed point. But it has not settled the question, nor can it, in my opinion, be settled by this instrument alone, since it is impossible for the eye to observe with equal distinctness two points at the same time, however proximate they may be. How much is this difficulty increased when, as in the case before us, these two points are in motion—still more, since those motions are unequal. Not so when the ear is appealed to. Any one skilled in the appreciation of harmony, *knows* that he can measure and determine, not two alone, but several sounds, resolving the com-

ponent notes of a chord, struck severally at the same time, with unerring accuracy. With much greater facility can the ear—a musical ear—discriminate the minutest interval in a succession of sounds, especially if of different pitch. I might here enter into the discussion, as to how limited an interval can be appreciated between any two sounds before their impulses become blended, so as to form a continuous or musical tone. But this is unnecessary to our present purpose. If there is, to the ear, an appreciable difference in time between two sounds, caused by the motions under consideration—provided the motions themselves are conveyed in equal times—then, I submit, these motions are manifestly not synchronous.

Such train of reasoning it was, as to the greater nicety of discrimination of the ear over the eye, so to speak, that led me naturally to the consideration of these experiments. Let me say, however, that I did not arrive unaided at the present form of their demonstration. Two ways, indeed, of accomplishing these results, at once occurred to me—one, and the more simple and obvious one, in the rude manner here depicted [of which this is the original pencil diagram*]; the other by calling in the aid of electro-magnetism. But of this latter agency I knew only of its ability to accomplish what I wished, somehow—by what precise manner of mechanism, I knew not. Fortunately, I applied to my old friend and school-mate, Mr. Farmer,† who relieved me of all difficulties on that score, by immediately suggesting the manner of accomplishing the ends desired, by means of the agency contemplated. The scientific reputation and ability of Mr. Farmer have long been recognized and acknowledged. All I can say in his praise would be wholly superfluous. I went so far with the first plan as to have a float made, with a piston attached, the object of which was to impinge directly against some light sonorous body, suspended or fastened in some way above. Such float, of delicate and ingenious construction, was devised by Mr. Joseph C. Wightman, which was admirably adapted to the purpose. Without fairly trying the first mode, however, it was determined to resort at once to the second.

But without further preliminaries, I will pass to a brief consideration of the experiments themselves. The first trial was made on Tuesday, Dec. 21st, at the rooms of Mr. Farmer, in Washington street. There were present, Mr. Farmer, and his assistant Mr. Rogers, M. Groux and myself. My original idea was to break the electro-magnetic circuit, by means of the motion, at the upper end of the delicate float, produced by the rise and fall of the fluid in the tube, as seen in the rough diagram I have before alluded

* It should be stated that a bell-glass, with an elastic diaphragm, after the manner of Mr. Scott Alison's sphygmoscope, is employed to receive the impulses from the heart and circulatory vessels. For want of time, the diagrams which ought to have accompanied these descriptions are not given.

† Mr. Moses G. Farmer, Electrical Engineer, and co-inventor, with Dr. Wm. F. Channing, of the City Telegraphic Fire-Alarm System.

to. At the first trial, however, Mr. Farmer suggested a modification of this mode, by dispensing altogether with the float, and attaching to the upper end of the tube a bell-glass and diaphragm, of the same nature as that already employed to receive the impulse from the heart—the medium of communication being air alone. Our operations were now confined to an attempt at breaking the circuit, so as to bring out, with two successive beats, their corresponding sounds from the electro-magnetic machine—a feat which was only accomplished after a long and patient effort, since it required, on the part of M. Groux and myself, the most careful and delicate adjustment of one end of the instrument upon the heart, while the other was brought by Mr. Farmer, with the unaided hand, against the circuit breaker of the electro-magnetic machine. In this way the whole of the first session, of some two hours duration, was employed.

On the next trial, which was made in the same place a couple of days afterward, we returned essentially to the first plan for interrupting the circuit, substituting for the material float of glass a few drops of acidulated water upon the top of the contained fluid (within the glass tube), which, as it rose and fell with the heart's impulse, came in contact with the end of a conducting wire, and thus served the purpose intended. The instruments, of which we used two (and which, for the present, we may term the *sphygmophone*), then being applied, simultaneously, to the proper points, and the wires delicately held, each by an operator, we were able, by careful manipulation, to produce two or three sounds in succession from both the impulse of the medio-sternal tumor and the shock of the heart at its apex, and even now, though imperfectly, to demonstrate to the satisfaction of us all, the *non-synchronism* of these two movements. But the difficulty here, as with the sliding piston, was to follow the eccentric movements of the fluid, in the tubes, which rose and fell unequally with the slightest variation of pressure against the body. To obviate this, resort was again had to the double diaphragm, as presenting, at all times, a known point; and the distal ends of the sphygmophone, being, in this case, themselves fixed, allowed, by means of a simple and ingenious mechanism, a very accurate adjustment of the circuit-breakers. A continuous elastic tube was, also, substituted for the glass cylinders which had hitherto intervened, and water, instead of air, used for the communicating medium. By these modifications our manipulations acquired, at once, more ease and certainty, and, being found to answer well our purpose, no further time was lost in perfecting the mechanism.

At the next session, therefore, we found ourselves in condition to obtain and to note satisfactory results. And our first design being to ascertain beyond question whether the impulse of the prominent pulsating tumor, in the middle of the sternal fissure, is

or is not synchronous with that of the apex of the heart, we made use of an instrument called the "Telegraphic Repeater,"* which is so constructed that of any two motions, that which is first, by ever so brief an interval, moves its armature and produces its sound, to the entire exclusion of the other. It mathematically follows that, if the two communicated motions are *synchronous*, neither armature will move; this, however, presupposes a high degree of perfection in the mechanism. Suffice it to say, that, with this apparatus, the instruments being applied to the medio-sternal tumor and to the apex, it was the impulse from the first which invariably set in motion the corresponding armature and gave out its sound.

In our subsequent sessions, the "Repeater" was set aside, and a "Morse's double register" used in its place. This was so adjusted as to give forth two sounds, differing in pitch, and at the same time record the motions on paper, in the same way that ordinary telegraphic communications are written. Then, by the intervention of the electric clock, which was also made to mark its seconds on paper, it was easy to measure the time of the pulse-beats themselves, as well as the interval in the pulsation of any two points in the round of the circulation.

Not to go, at this time, too minutely and tediously into description, I will here give the result by calculation of a few of these trials, including some witnessed by gentlemen present on the evening of the 5th of January inst., and afterward repeated in connection with the delicate chronographic apparatus in the Observatory at Cambridge. Before doing this, however, let me briefly allude to the Cambridge experiments, since they were in their nature, it is believed, both novel and interesting. They were done in the afternoon and evening of the 8th of January, Mr. Bond having, in the kindest manner, placed his beautiful apparatus in the Observatory at our disposal. Our forces were, on this occasion, divided—Mr. Groux, Mr. Farmer, Mr. Rogers and myself taking our position in the private apartment of the City Telegraph rooms in Court Square; and Mr. Stearns, the present able and efficient Superintendent of the Boston Fire-Alarm System, accompanied by Mr. Kennard, recently of the St. Louis Fire-Alarm Office, going over to the Observatory. The telegraph between the central office in Boston and the Observatory, let me add, was also kindly placed at our disposal—and, furthermore, I will say that the instruments used here were furnished from the City Fire-Alarm Office, and were the best of their kind.

At half past 3, P.M., a telegraphic notice from the Observatory signified that everything was in readiness there. But from the exhaustion and great nervous agitation of M. Groux, consequent upon recent illness, it was impossible to commence immediately

* This is an instrument used in telegraphing *through* messages over long lines. It is the joint invention of Mr. Farmer and the late Mr. A. F. Woodman, of Portland.

the regular series of experiments, and nearly a couple of hours were spent in preliminary trials and tests. The line being found in perfect working order, the experimental apparatus at both ends also working beautifully, and Mr. Groux being now in a condition of comparative quiet, operations were commenced in earnest at about half past 5 o'clock. Some extracts from the original records, taken down in Boston and Cambridge simultaneously, will perhaps more graphically portray the nature of our proceedings.

To begin—the beat of the pulsating tumor in the medio-sternal space was tried. We were able to get several consecutive beats, which were also duly recognized at the Observatory. Next, a series of apex-beats was obtained, and recognized at the Observatory. The Observatory clock was now put in connection, and its tickings made audible and recorded in Boston.

The experiments then proceeded, as follows:

The impulse of the medio-sternal tumor and of the pulse at the wrist were taken together, and at the same moment recorded at the Observatory. As the experiments now went on, they were interlarded with telegraphic queries and answers; and for the sake of clearness, we will prefix, when necessary, the words *Boston* and *Cambridge* to the parts of this dialogue, according as they emanated from the one place or the other.

After the experiment just alluded to, information was conveyed that it would be repeated.

Cambridge.—"Aye, aye."

Boston.—"Good signals these, save them."

Camb.—"Shall we put in the clock now?"

Bost.—"Yes. And as our next experiment, we will try the apex and wrist."

Camb.—"Go ahead."

Bost.—"Any good signals then?"

Camb.—"Yes, one or two."

Bost.—"We will try that again. Any of these good?"

Camb.—"Some of them very good."

Bost.—"About what difference in time between the beats in this experiment?"

Camb.—"About two tenths of a second."

Bost.—"In which does the difference appear greatest, this or the preceding experiment?"

Camb.—"Should say the former."

This question being repeated after additional trials, the reply was, "Wait till we can calculate them"; and, shortly afterward, an answer was received, "The *former*, by a minute interval."

Bost.—"Now we will pass to another experiment.* Do you get a single or double stroke?"

* The operators at the Observatory were not informed previously of the nature of this experiment. It was an attempt to record the medio-sternal and apex beats by applying the sphygmophones to these points direct—an exceedingly delicate test, tried repeatedly with success in our pri-

Camb.—"No good double stroke, but something that looks like it."

Bost.—"Try again; how is that?"

Camb.—"Better."

Bost.—"Once more; how now?"

Camb.—"Better still."

Bost.—"We will now repeat these three experiments in succession."

Toward the close of the session, the operators at the Observatory were requested to count the beats to be sent over during the space of one minute. I then applied the instrument to the radial artery at my own wrist, an assistant taking the pulse at the other wrist. It was ascertained by counting to be sixty-six in the minute. The question was now put to Cambridge, "How many?"

Camb.—"Sixty-six."

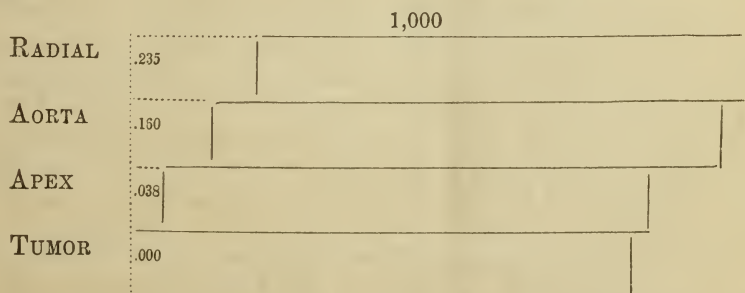
Bost.—"Once again."

Mr. Groux now applied the instrument to the medio-sternal tumor, for the period of a minute, and its pulsations were found to be seventy-two. The query was again put, "How many?"

Camb.—"Seventy-two."

But the above will suffice to show the nature of our proceedings; this session was continued without intermission for six hours.

The following are some of the important results obtained which bear upon the question at issue: the whole number of sessions thus far has been ten—the calculations (made by Mr. Farmer) are based on the average of selected examples taken from all the experiments. They are expressed, in a rude way, by the diagram below:



and may be thus stated. The whole duration of the pulse-beat is represented by 1,000. Then the commencement of the beat proceeding from the medio-sternal tumor being .000, the interval to the apex-beat was found to be .038; to that of the ascending aorta, at its junction with the arch, .160; that of the radial artery at the wrist, .235; being in thousandths of a pulse-beat.*

vate experiments. Prior to the response from Cambridge, Mr. Farmer remarked, that with a single line of communication only, it would be impossible to note clearly so minute a double beat at the Observatory.

* Taking the Cambridge experiments alone, and the above intervals would be expressed by the figures .054, .156 and .237 respectively.

Lastly, when at the final session (on the day preceding M. Groux's departure to Philadelphia), the ends of both the instruments were placed, as nearly as possible, over the apex of the heart, the result, both to the ear and as recorded by the chronograph, was absolutely a synchronism of sounds. Calculations were also made as to the time in which the heart's impulse is transmitted to the carotids, the temporal arteries, the abdominal aorta, and other points in the circulation, which, with other experiments, may be given at some future time.

As to any practical advantages which may be derived from a knowledge of these facts, it would, perhaps, be premature now to speak. I would venture to suggest, however, as one probable result of these and similar illustrations, some additional means to our resources for diagnosis in aneurism and other obscure diseases of the aorta and great vessels, concealed in the cavities of the thorax and abdomen. But let me say, in conclusion, as I intimated at the outset, that the results above given and the opinions offered, as well as the experiments themselves, in their present stage, are at best imperfect, and that before any ultimate scientific deductions can with safety be made, the experiments must be repeated, again and again, with the most perfect apparatus possible, and all errors and inaccuracies eliminated by a multitude of trials.

31 *Chesnut Street*,
Boston, Jan. 24th, 1859.

ADIPOSE TUMOR OF THE LIVER AND CÆCUM.

[Communicated for the Boston Medical and Surgical Journal.]

THE literature of abdominal tumors is surrounded with some obscurity, in the minds of the most eminent of the profession, judging from discussions on the subject, in the various surgical works we have had access to. It may be easy enough to distinguish a tumor from an enlarged liver, spleen, or mesentery, but to say what particular sort of tumor we have in a given case, by feeling of it through the abdominal parietes, and from its concomitant constitutional symptoms, is not always so easy, even for the most astute and experienced in the profession; and under the adage that "It is consoling in misfortune to find ourselves in respectable company," we do not very much underrate our acumen in diagnosis if, after discovering a tumor in the abdomen, we are puzzled to say to what genus or species it belongs.

The following is a brief history of a case illustrative. Master K., aged about 10 years, has enjoyed poor health for the last eighteen months; has been about most of the time, but looking pale and seeming dull, not participating in the games and sports of his playmates, as boys of his age and temperament might be expected to; and, in addition, has had occasional attacks of acute pain in the

bowels, located by him, at first in the region of the umbilicus, and, subsequently, in the right iliac region, for which his parents gave vermifuges, under the supposition that worms were the cause of the trouble. This course failing to relieve him, and the attacks of pain growing more frequent and severe, Dr. A. Guiwits, of Salisbury Centre (to whom I am indebted for most of these facts), was called in, and found him as before stated, complaining of pain in the right iliac region, looking paler than usual, though able to be about the house. On examining the bowels, a small tumor was discovered at the point of pain, tender on pressure, which was thought to be an accumulation of hardened fæces, and a cathartic prescribed. In a few days, he was called again, and found him suffering from a severe attack of dysentery, which he passed through under appropriate treatment, and got about the house. His appetite returned, his bowels became regular, he rested well nights, and bid fair to recover, but still complained of the old pain in the right iliac region. On re-examining the bowels, the tumor was found much enlarged, irregular in shape, with tenderness increased, and continued to enlarge rapidly till, in a few days, effusion into the peritoneal cavity took place. I then called to see him with Dr. G. Our conclusion was, that the tumor was malignant in type, probably carcinomatous, and only a palliative treatment adopted. The effusion went on rapidly, until he became affected with general dropsy, and died.

Upon a *post-mortem*, we found a fatty tumor, ovoid in shape, measuring four inches in diameter, attached to the lower portion of the convex surface of the liver, about one half of which was imbedded in the substance of that gland, but readily detached with the fingers. There was also a tumor of the same nature, irregular in shape, surrounding the cæcum, and tapering off on the commencement of the ileum, which was, in its thickest part, about three inches through. On making a section of it, the cæcum and that portion of the ileum surrounded by it, seemed slightly constricted, and the muscular coats were hardened and thickened, feeling semi-cartilaginous. The right kidney, which was pressed upon by the hepatic tumor, was twice its normal size. The structure of the liver surrounding the tumor seemed healthy in appearance; so did the other abdominal organs. Chest not examined.

Authorities on the subject generally agree that the cellular and adipose tissues are the most frequent sites of this species of tumor; and Liston, in his *Elements of Surgery*, explicitly avers that "this tumor is found *only* in the cellular and adipose tissues," a remarkable error for a surgeon of his experience and reputation to fall into and propagate.

E. S. WALKER.

Brockett's Bridge, N. Y., Jan. 17th, 1859.

TREATMENT OF CROUP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—You have published many articles of value on the pathology and treatment of croup, in your esteemed JOURNAL; and whatever disposition you make of *this*, will please *me*.

No practitioner of any experience can mistake the inspiration and cough significant of croup; or fail to be moved in contemplation of the consequences that may ensue, although his past success had been equal to that of Dr. Coxe. I do not pretend to have treated more than a fraction of one hundred cases of true croup in twenty-three years general practice with more than fifteen thousand patients; and yet I claim that my success has been as great, if not as heroic, as his.

My course is simply this: when called to a patient with the marked symptoms of croup, I administer at once from six to ten grains of calomel, with two grains of pulverized ipecac. I apply a large poultice over the chest up to the chin, made by mixing rye meal with boiling vinegar, besmearing the surface of the poultice with salt butter. The poultice to be applied as hot as the patient can bear, and often repeated. In fifteen or twenty minutes after giving the cathartic, I commence with a solution of the nitrate of potassa, two drachms to four ounces of pure water, a teaspoonful to be given every fifteen minutes, until the sound of approaching expectoration is heard; and if nausea is manifested, I regulate the quantity so as to avoid vomiting.

The above has been my uniform practice, and my great success induces me to offer it to the profession for *their* adoption, if its apparent merit commends it for trial.

A solution of nitrate potassa I have found very effectual in removing a hoarse and troublesome cough.

Somerville, Jan. 18, 1859.

N. J. KNIGHT, M.D.

OPERATION FOR FEMORAL HERNIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Some years since, I attended a female, forty-five years of age, with strangulated femoral hernia. The appliances usually requisite in such cases were resorted to, but without any relief. Thus, after four days of trial, the tumor remaining unreduced, stercoraceous vomiting ensued, followed by those alarming symptoms, hiccough, clammy skin, a small rapid pulse, sinking of the vital powers, &c.

An immediate operation was now deemed necessary to save the patient's life. It was performed by Dr. Walker and myself. The integument and adjacent layers were readily divided and dissected away, when we reached what was thought to be the peritoneum. In color, it was dark purple. A small incision, sufficient to allow

the introduction of a grooved needle, was made, and this layer was also divided, when it was found to be a *line and a half* in thickness. The operation was completed; the patient recovered, and is now living.

The only thing worthy of note in this case, is the congested state of the peritoneum. Those operating for the first time, and who may expect to find this membrane in its normal condition, will discover something to perplex them, unless they bear in mind that the portion of peritoneum involved with the gut, is also strangulated, hence congested and thickened. There were no adhesions between the membrane and intestine.

Salisbury Centre, N. Y.

A. GUIWITS, M.D.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 22d.—*Severe Wound of the Left Groin.* Dr. MORLAND reported the case.

Dr. M. was called, suddenly, at 10 o'clock, A.M., Nov. 4th, to see a colored boy, 19 years old, and a deaf mute; whom the messenger said had just been dreadfully cut by a "fly-wheel," which drove a circular saw in a saw-mill. Dr. M. inferred, from the hurried statement at the time, and subsequently, that the *circular saw* had been the agent which inflicted the injury. This was afterward ascertained not to be the fact.

The patient was found lying upon a bed, partially dressed; he was evidently in great pain; his hands and wrists were very cold; occasionally, he shivered; the pulse was regular, though weak. Ascertaining, immediately, that there was no bleeding of any consequence from the truly frightful wound which existed in the left groin, gin and water, in the absence of brandy, was ordered, and he soon rallied from the immediate shock of the accident. Ether was sent for, and Dr. Williams, who was fortunately near at hand, was so kind as to administer it to the patient, and to assist during the dressing of the wound.

The patient being etherized, the wound, a gash $11\frac{3}{4}$ inches in length, was thoroughly examined, and the saw-dust and other foreign matters sponged from it. It began at the outer edge of the ilium, about an inch below its crest, and went, with a very slight curve, downward and inward, across the inguinal region, then, just beneath the root of the scrotum, and terminated in the left buttock, penetrating, there, about one half an inch. The natural looseness of the skin, in the neighborhood of the wound, allowed the latter to gape widely; and a broad denuded surface was presented, but only moderately bleeding. The fascia, however, was unharmed, and no large bloodvessel injured. Several superficial veins stood up in bold relief, and one or two branches, which were decided to belong to the internal saphenous vein, were particularly prominent. It seemed impossible that a wound, inflicted, as was then supposed, by a circular saw revolving at full speed, could have taken such a direction—and, moreover, that the implement should

not have caused instantaneous fatal injury. Less than the eighth of an inch more, in the depth of incision, would have divided the large vessels, and nothing, under the circumstances, could have saved the patient's life.

Sixteen sutures were required, accurately to close the wound. Cold water dressing was applied, and the patient was left, still somnolent, but with a stronger and fuller pulse. The case was then referred to Dr. C. G. Page, whose patient the boy was, but who was professionally engaged, at a distance, when the accident happened. Dr. P. found him quite comfortable in the afternoon. A cradle was placed over the injured limb, to elevate the bedclothes.

Dr. Morland further stated that he visited the scene of the accident, November 5th, with Dr. Page, for the purpose of learning how it happened. They were at once informed, by the man who discovered the boy after the accident, that the injury was *not* inflicted by a saw. This resolved the mystery above alluded to, viz., how the saw could get into such a position; or, if it did, why it did not cut half, or wholly, through the thigh. It would seem, from all that could be ascertained, by careful inquiry, that the patient's trowsers must have been caught by the heads of the bolts which fasten the coupling-wheel; and that he was whirled around the shaft, which made 124 revolutions in the minute, between the said wheel and a smaller "pulley-wheel," until his clothes gave way, when his body was projected from the shaft, to a distance of several feet.* Very probably, muscular efforts on the patient's part, assisted him in escaping from the shaft. The shaft and wheels alluded to, are in the cellar or basement of the saw-mill; and, in connection with a larger wheel at the other extremity of the shaft, act upon machinery in the rooms above.

What seems to sanction this explanation, is the fact that the patient's clothing, with the exception, only, of the breast portion of his jacket, and an equal part of his shirt, was found tightly wrapped around the shaft, after he himself had escaped and been found sitting, thus stript nearly naked, and faint and bleeding, upon some steps at several yards' distance. While sitting there, he saw, and beckoned to the man who showed the locality; and by signs indicated to him that he had been whirled around the shaft. Being able to converse with him at the time of dressing the wound, and subsequently, by means of the finger-language, Dr. M. learned the same facts from him personally.

Whether the wound was caused by the head of one of the bolts above mentioned, by the edge of the wheel, or by a strong seam in the patient's clothing, is a question. Dr. M. inclined to the opinion that the bolt-head was the agent—for the cut was direct, clean, and as if made by iron. He had on very strong, thick, woolen trowsers, with over-alls drawn over them, and also twilled cotton drawers beneath. To this fact must be ascribed his escape from even worse injury—indeed, from division of the femoral vessels and death.

The light thrown upon the causation of the accident by a thorough examination of the premises, shows how important such an investigation always is in these cases. Without this, the accident would have been recorded as an instance of almost miraculous escape from death

* The traces of his boots on the ground composing the cellar floor, and his own assertions, confirm this statement.

by a wound from a circular saw. The escape, at all events, is noteworthy, although the agent was different from what was at first supposed.

Dr. Page exhibited the clothing worn by the patient, and which, previous to the accident, was entirely whole. The trowsers, drawers, &c., were torn into strips.

At a subsequent meeting, Dr. Page stated that the febrile action, throughout, was very slight. The whole skin sloughed off in masses, leaving a triangular space—with a base of twelve inches, extending from near the anterior superior spinous process of the ilium, along the groin to the nates, and having its apex about the middle of the inside of the thigh—to be healed by granulation. He recovered rapidly after the sloughing ceased; the granulations were healthy, and Dr. P. ceased his attendance on Jan. 1st, leaving him nearly well.

DEC. 27th.—*Hysteria in the Male.* Dr. COALE related a case of hysteria, the subject of which was a gentleman of middle age, of strong, muscular build, of atra-bilious temperament, regular in his habits, moderate in diet, and generally enjoying very good health. For ten days before the attack, he had been much annoyed at a circumstance of no great import, but which made a stronger impression upon his nervous system, and produced more irritation, than he could account for. The day of the attack he had eaten a very slight breakfast, and not much dinner, taking this late, as was his custom. Two hours after dinner, while at cards, he drank two or three small glasses of brandy and water. Still feeling uncomfortable, he went home, and just before midnight was seized with the attack for which Dr. C. was called to him a half hour after. Dr. C. found him in bed, in violent convulsions of laughter, and at the same time shrieking out with the pain it caused. The paroxysms lasted fully three minutes, and the interval between them was from five to ten. The pulse was 70, the mind perfectly clear, and muscular movements in the intervals perfectly under control. These evidences did not permit the suspicion that undue use of stimulus had anything to do with the case. Before Dr. C.'s arrival, the stomach had been thoroughly emptied by warm water. Spiritus Mindereri was administered freely, and at short intervals, but the urgent treatment of the moment was rousing the patient, distracting his attention, occupying his thoughts by violent contradiction, and demonstrating to him his own powers of self-control if properly exerted. Getting him out of bed, when the attack came on he was not permitted to lie down; he was urged to walk around the room, and by question and proposition his mind was kept occupied. Under the influence of this treatment, the attacks became less violent and the intervals longer—though in both particulars relapse occurred if care was lessened. At the end of three quarters of an hour, the patient was fully assured he had himself perfectly under control, and Dr. C. left him. The next day the patient was perfectly well. He mentioned he had had a similar attack, ten years before, in Italy, the only difference being that then it took the form of shrieking, and there seemed to be no cause for it in any appreciable modification of the nervous system.

Dr. WILLIAMS mentioned a case recently seen by him, where hysterical symptoms were strongly marked in a young man of 25. During four years he professed to have suffered from extreme intolerance of light, and had confined himself to a dark room, appealing to the sym-

pathies of those about him for the means of subsistence. Although he declared himself keenly sensitive to the least amount of light, he bore a sudden considerable augmentation of it without flinching, when his attention was otherwise directed. His narrative of his symptoms had evidently been made up from information he had gathered from various physicians and charlatans under whose care he had been, and was composed of very incongruous details.

DEC. 27th.—*The Ductus Venosus*.—Dr. JACKSON said that in all of the modern text-books on anatomy, as far as he had consulted them, with one exception, this vessel is described as terminating in the vena cava, and in some of them it is so figured; the figures, which have the appearance of coarse diagrams, representing the opening at some distance below the opening of the vena cava into the auricle. Many years ago he had been struck with the error of this statement, as applied to his own dissections; and he had never yet seen it confirmed, although he had often examined this point. The ductus venosus terminates, so far as Dr. J. has observed, in one of the hepatic veins, near, and sometimes close to the opening of this last into the vena cava.

Mr. John Bell's work on anatomy, published in 1802, would, perhaps, hardly be considered as a modern text-book, but this is the one above referred to. He figures the ductus venosus as opening into one of the hepatic veins, and further from the vena cava than Dr. J. has found it to open. In the text, there is some looseness of description; he says that the vessel in question "joins the largest of the hepatic veins, and along with it, goes directly into the right auricle of the heart;" and on the following page, he says that the ductus venosus goes to the back part of the liver and "enters the heart." Dr. HODGES, with whom Dr. J. had had some conversation upon the subject, recently, had since then examined several authorities, and called his attention to Cazeaux's work on midwifery, in which it is stated that the ductus venosus "goes sometimes to the vena cava inferior above the diaphragm, though at others it joins one of the hepatic veins" (Philadelphia edition). Dr. H. further remarked that in the very recent and excellent work on anatomy by Mr. Gray, the ductus venosus is said to open into the vena cava.

[Since the above report to the Society, Dr. J. has had shown to him by Dr. H., a small volume by Mr. John Struthers, of Edinburgh (*Anatomical and Physiological Observations*, 1854), which had been received within a day or two from Europe, and in which it is stated that the ductus venosus "enters not the vena cava but the left hepatic vein, about a quarter of an inch before the latter ends in the vena cava." Dr. Dalton, in his work on physiology, just published, also speaks of the ductus venosus as terminating in the hepatic vein.]

It is a question of very little if any physiological importance whether the ductus venosus opens into one of the hepatic veins near to the vena cava, or directly into the vena cava itself; though the flow into the heart of the purified blood that passes through the ductus venosus might be somewhat impeded if this vessel really opened into the vena cava at some distance from the auricle, as figured in one of the most common of all text-books (*Wilson's*). Dr. J. said that he intended merely to remark upon the anatomical fact, and upon the present case as one of too many in which errors are perpetuated in the text-books of medical science. He was led at this present time to make the above remarks from having had *Wilson's* work shown to him by a

student, after he had been giving what he believed to be a correct description of the ductus venosus; and from finding that some of his friends, who have paid particular attention to anatomy, entertained the idea, in regard to this vessel, that is so generally taught in the text-books.

Dr. J. illustrated his remarks by an injected specimen from the Society's Cabinet, and said that four or five others, equally satisfactory, might have been shown.

DEC. 13th.—*Fibrous Tumor of the Uterus and of the broad Ligaments.*

—Dr. PAGE showed the specimen.

At the next meeting Dr. JACKSON said that, on a further examination of this specimen, he found two or three of the tumors in the broad ligament; their structure being perfectly similar to that of the others. He had found them in this situation but once or twice, and was rather surprised that they were not oftener seen there, as the uterine muscular fibres from which these tumors originate, are sometimes so distinct in the broad ligament. The upper extremity of the cervix uteri was obliterated, as it so often is in old women; a fact that it may be well to bear in mind when the uterine sound is thought of.

DEC. 13th.—*Deep-seated Wen on the Neck.*—Dr. H. J. BIGELOW showed the specimen, which was the fifth case he had observed, of wen situated deep among the muscles of the lower jaw, almost in contact with the mucous membrane of the floor of the mouth. He had removed them all. The present tumor was about the size of a hen's egg, lined with perfect epithelium, which resembled in its tenuity and smoothness the skin of the scrotum.

He called attention to one or two small, shining, red patches, occupying intervals of the epithelial surface. These, under the microscope, presented a fibrous, and not epithelial, structure. Wherever he had found, in these or other common encysted tumors, the contents to prove meliceric, and not ætheromatous, sebaceous and not watery, he had uniformly observed the presence of these patches, which are doubtless concerned in the secretion of the greasy mass.

Bibliographical Notices.

The Transactions of the American Medical Association. Vol. XI. 1858.

A THOROUGH notice of this *immense* volume would, of course, transcend our limits—we can only refer to the main topics—and we are the more ready to present only this general notice, from the conviction that the *Transactions* will be, as they have ever been, we believe, so widely circulated, that they will soon be familiar to every member of the profession who wishes to keep himself well informed upon the history and progress of medical science in our own country.

Ten hundred and twenty-seven pages are numbered in this, the eleventh volume; and nearly all of these are taken up with scientific papers—many of which are of great value. It has been our custom, in former years, to enter, somewhat particularly, into the details and merits of certain of the disquisitions offered. To pursue this course, this year, is impossible—not only because we have not space, but because much time would be required properly to examine the various articles—and that is a task we must adapt to our leisure, which is not

extreme, at present, nor likely to be. Moreover, each year has so fully tended to impress the profession everywhere with the importance of these national medical proceedings, that the voice of the journalist is less necessary, to urge physicians and surgeons to send for copies, and to thoroughly examine them. This is now done, we think, very widely and generally, without any urging—and we are happy to chronicle the fact—it is “as it should be.”

We can barely enumerate the valuable papers which compose the volume:—First, we have—after the Record of the business transactions of the Eleventh Annual Meeting, and the Reports of the Committee of Publication, and of the Treasurer—the Address of Dr. Paul F. Eve, President of the Association—and then, in succession, the following Reports—several of which we have examined and been much interested in—but of which we cannot pretend even to offer an idea:—“On the Medical Topography and the Epidemic Diseases of Kentucky, by W. L. Sutton, M.D., Georgetown, Ky. ;” “On the Topography and Epidemic Diseases of New Jersey, and the treatment thereof, by Lyndon A. Smith, M.D. ;” (we would suggest that “thereof,” here, might equally refer to New Jersey and to the topography, as to the diseases—although the latter only, we conclude, were “treated”); “Report of the Committee on the Epidemics of Ohio, by George Mendenhall, M.D. ;” “On Medical Literature, by A. B. Palmer, M.D.”—a very carefully prepared paper: “Of the Special Committee on Medical Education, by James R. Wood, M.D.,”—one of the most important subjects that could be presented for consideration—and which, so far as we have been able to examine the Report, seems to have been well treated. Next comes the “Report on Spontaneous Umbilical Hæmorrhage of the Newly-Born, by J. Foster Jenkins, M.D., of Yonkers,” an exceedingly interesting, and highly important paper, prepared, apparently, with great care and extensive research, and well worthy of thorough examination. Fully as important is the succeeding Report, upon the “Influence of Marriages of Consanguinity upon Offspring, by S. M. Bemiss, M.D., of Louisville, Ky.” This is a subject, with the importance of which, we have been long deeply impressed, and we have seen many painful instances, which have led us to warn against the contracting of consanguine marriages.—The “Report on the Functions of the Cerebellum, by E. Andrews, M.D., of Chicago, Ill.,” follows. We have not had time to examine this paper, but have no doubt that it has been carefully prepared.—Mark Stephenson, M.D., next presents a “Report on the Treatment best adapted to each Variety of Cataract.” This paper is illustrated by colored engravings. The “Report on the Medical Jurisprudence of Insanity,”—certainly a most important subject, and one of vital interest to such large numbers of persons—is by C. B. Coventry, M.D., of Utica, N. Y.;—Dr. Edward Jarvis, of Dorchester, Mass., has furnished the Report on the “Registration of Births, Marriages and Deaths ;” a subject which his long statistical training, and extensive research in this and similar departments, has well fitted him admirably to present.—The Report on the “Nervous System in Febrile Diseases” and the “Classification of Fevers by the Nervous System,” is by Henry Frazer Campbell, A.M., M.D., Professor of Anatomy in the Medical College of Georgia, and a gentleman already favorably known by his writings upon cognate topics. Dr. D. Meredith Reese, of New York City, has written the Report on “Moral Insanity in its Relations to Medical Jurispru-

dence;" a theme of much importance and worthy of all consideration. "Stomatitis Materna" is the subject of Dr. M. M'Gugin's Report, the writer being of Keokuk, Iowa. The "True Position and Value of Operative Surgery as a Therapeutic Agent, by Dr. J. B. Flint, of Louisville, Ky." "A Method for Preserving Membranous Pathological Specimens, by Dr. R. D. Arnold, of Savannah, Geo.;" and a "Letter from Dr. E. D. Fenner, of New Orleans, to Dr. Eve, the President of the Association," bring us to the two Prize Essays—one by Dr. Austin Flint, of Buffalo, N. Y., a writer and observer whose name and fame are already high in professional estimation, upon "The Clinical study of the Heart Sounds in Health and Disease"; and the other by Dr. Montrose A. Pallen, of St. Louis, Missouri, upon "Vision, and some of its Anomalies, as Revealed by the Ophthalmoscope."

The volume is terminated, as usual, by reprinting the "Plan of Organization" of the Association and its "Code of Ethics." The names of the Officers and Permanent Members follow.

We can only add that we trust the members of the profession, in all parts of the country, will continue to sustain the Association, not only by their presence at its meetings, but by their regular subscription for its valuable Proceedings, and by a strict adherence to the tenets of its admirable Code.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 3, 1859.

THE "COLLOQUIAL" STYLE OF CLINICAL INSTRUCTION.

On reading our caption, it may be asked—what other style than the "colloquial" can be adopted in clinical teaching? None, certainly—and we only approach the subject thus, because the *New York Medical Press* of January 22d, 1859, in reply to our remarks upon *Jocose Clinics*, in our issue of January 6th, 1859, seems, very inexplicably, to suppose that we object to the use of the colloquial style in imparting instruction to students. Now if any one will take the trouble to refer to our article, he will find that we, on the contrary, admitted even the *jocose* style to be an occasionally useful means, and also that we had, ourselves, found it advantageous. Of course, we were not stupid enough to say, or to imply, that a "colloquial" style should not be adopted in clinical teaching—such an intimation bears its absurdity upon its own face. We did say, and we repeat it, that we consider the introduction of so much, and such sort of conversation, into systematic treatises, an objectionable feature. In instancing Professor Bedford's volume, however, we expressed our high opinion of its value, as it well deserves. In regard to jokes, "laughter" and other manifestations of the sort at "cliniques," we were particular to say that, on certain occasions, and in moderation, they were admissible—at times even an adjuvant to the clinical teacher. Our main objection—and it still holds, nor has it been met, in our opinion—was, and is, to the *printing* of all these interlude expressions. Why is not every advantage which it is possible to derive from their use, fully gained on the spot; and what good end does their publication serve? We

have not taken the pains, as our cotemporary has, to hunt over the journals, foreign or native, to bolster up our opinion. We trust the latter is, and ever will be, an independent one; nor, although the editors of the *Medical Press* impute to us a truckling to the "*foreign comme il faut*," do we feel that we merit the charge. If foreign journals and foreign books show, in the main, the best taste, then we shall fearlessly say so, despite any home *press-ure*. We have an *im-pression*, notwithstanding that we are too lazy, just now, to verify it by a search, that there are counter-opinions which may be set against those cited by the New York journal in favor (or in semi-favor, rather) of the colloquio-jocose style of *published* clinical teachings. We never objected to a cheerful, nor even to a playful bearing, at times, during clinical lessons—but only to its being chronicled in all its *minutiae*, which, besides having lost their pith and point, by the time they get into type, are, in that dress, out of place and not in taste. They are tedious, and clog the reader of a volume or of a journal, as barnacles do the speed of a ship. So we say, in conclusion, to our friends of the *Press*—we never said, wrote, or thought that "*Pill Garlic*" might not "*sometimes smile, without compromising his professional dignity, or preventing his acquisition of medical knowledge.*" If our first article on this subject be fairly read, our position will be at once evident—we only objected, and we do still object to the *publication* of such a mass of interjectional composition—ejaculatory phrases, and speeches of patients, of no sort of value to the reader, but rather constituting an incumbrance. Wit and jokes, and pleasant repartee—when not carried too far, *as they are apt to be*—are well enough in the clinical ward or dispensing-room, *when the cases admit of them*.

We may mention, *en passant*, that the element of *jocosity* has mysteriously disappeared from the clinical reports given in the number of the *Medical Press* which contains the editorial reply to our remarks; and although there may have been "*laughter*" at some of the good jokes exploded under diseased conditions, yet the fact is not paraded sundry and manifold times in our cotemporary's pages. We, of course, assume this as a compliment to ourselves, and are duly grateful! The number of the New York journal, in question, is, on the whole, very creditable, in manner and matter—if we except a few instances of conglomeration of Latin and English in the *formulae* used, and a somewhat undue docking of the dead language. The proof-reading, also, was rather hastily done, we think.

It may be edifying to present, again, the opinion of the *Medical Press* upon itself:—"We regard ourselves as the type of our country, young, vigorous, and confident in our own resources." We cordially wish our *confrères* true success.

PALMER'S ARTIFICIAL LEG.

WE have received the following communication, which we are induced to print on account of the deservedly high reputation which Messrs. Palmer & Co. have attained in the manufacture of artificial limbs. We cannot vouch for the facts, although we presume them to be correct.—EDS.

"MESSRS. EDITORS,—An article recently appeared in the *College Journal of Medical Science*, referring to a pretended invention of a Mr. Douglass, in which the writer takes occasion to laud the merits of the Douglass leg by an unjust comparison with the celebrated Palmer

leg. The article first states that Douglass was for 'several years the best workman of Palmer & Co.' So far from truth is this statement, that Palmer & Co. have had for several years some six or eight workmen in their employ, all of whom are equal, and a number of them *far superior*, both in ability and judgment, to this self-styled 'superior' workman. The next statement is equally untrue. The outward appearance of the Douglass leg is almost an *exact copy* of the Palmer leg; and we are credibly informed that the only merit of the leg in question, is taken from the invention of Dr. Palmer. In many other particulars it is but a modified form of artificial legs long since abandoned. The writer states, in the article to which we refer, that the 'Palmer leg' is constantly 'needing repairs.' Here is another wholesale statement, with no foundation in truth. So far from being the case, the invention of Dr. Palmer has attained its present unparalleled celebrity in both hemispheres, from its *great durability*, and from the fact that it requires so little attention by way of repairs. Instances, almost numberless, can be cited, where the Palmer leg has been in almost constant wear for periods, varying from three to six years, and not a dollar was required to keep it in perfect repair. Much depends upon the occupation of the wearer, as must necessarily be the case in mechanism subject to more or less active use. The other statements in the Journal are equally wholesale and wide of the truth. The writer is evidently inditing a 'puff'—but in so doing he should post himself more fully concerning the merits and real value of an invention which justly takes the highest rank. The Douglass leg really possesses neither originality or merit, except so far as it imitates the Palmer leg. No patent has ever been obtained for it, and probably never will be. At the recent State Fair at Connecticut, both limbs were on exhibition side by side. The Palmer leg received the award of a medal, while the judges did not even *notice* the Douglass leg;—this fact alone is a full commentary upon its value. Mr. Douglass, we are informed, is attempting to build himself up, on his Palmer reputation. If his so-called invention possesses any value whatever, why does he continually quote Palmer & Co.? Instead of adopting the usual course followed by straight-forward business men, he has been in the habit, while in the employ of Palmer & Co., of taking the names of their patients, and is now importuning them, by circulars and personal solicitations, to transfer their patronage to him. Is it honorable thus to endeavor to appropriate the results of the exertions of long years of expense and intelligent enterprise, to his use?

"We thus notice the article in question, as an act of justice to Palmer & Co., who need no aid at our hands, and in order that the public may not be deceived by charlatans and pretenders, who are ever on the alert to snatch the laurels from the brow of real merit, and then shine in 'borrowed plumes.' There are other facts connected with this matter, which we may allude to at an early day. Palmer & Co.'s artificial legs have obtained, by common consent and the approval of the most distinguished authorities, surgical and medical, both in America and Europe, a position as honorable as it is meritorious, and their invention will continue to be sustained, as it is the only really successful substitute ever invented."

There are in attendance on the lectures in the St. Louis Medical College, during the present session, 135 students.

WOUND OF THE LEFT NYMPHA.

MESSRS. EDITORS,—In reading the "Extracts from the Records of the Boston Society for Medical Improvement," in your last JOURNAL, my attention was drawn to a very interesting and instructive case reported by Dr. Morland, of "Wound of the Left Nympha, in a Pregnant Woman; Profuse Hæmorrhage." There is a mistake in the account of a similar case which occurred under my observation, that I wish to have corrected. On reference to the published Records of the Society for Medical Improvement, June 22d, 1857, I find the case thus reported: "Dr. Z. B. Adams was at once called. He found her bleeding profusely from the vagina, and in a state of collapse. The efforts made to arrest the hæmorrhage were of no avail, and she died in about three quarters of an hour after the accident."

I did not see the woman until half an hour after the accident. She was then in a state of collapse. The hæmorrhage had ceased. She died in a very few moments, before some brandy, which was sent for, could be obtained and given her. The source of the hæmorrhage was only ascertained at the *post mortem*. The case proves the abundance, but not the uncontrollable nature, of the hæmorrhage in these accidents.

Very truly yours,

Z. B. ADAMS.

No. 1 Fayette Street, January 28th, 1859.

IMPUDENT FRAUD.

OUR attention has been called to the following advertisement, which has been printed in the *Traveller* for several weeks past:

"DR. MATTISON'S REMEDIAL INSTITUTE, for the treatment of Chronic Diseases generally; also, Private Diseases and Diseases of Women, No. 28 Union St., Providence, R. I., and No. 12 Suffolk Place, Boston. Sanctioned by the Boston Medical and Surgical Journal, and the only place in New England where the above diseases are treated exclusively, by a regularly educated physician. Circulars giving full information sent by mail. Also, a pamphlet on Diseases of Women, with observations on Private and Chronic Maladies generally; sent free, by enclosing a stamp to Dr. H. N. Mattison, Boston."

"We, the undersigned, being personally acquainted with Dr. H. N. MATTISON, believe him to be a temperate man in the most appropriate sense, and that his moral character and professional skill are undoubted."

[To this certificate are appended the names of eleven physicians and the same number of clergymen. Among the former are those of Drs. Miller and U. Parsons, of Providence, and Dr. Eldridge, of East Greenwich.]

We need scarcely inform our readers that the above statement in respect to this JOURNAL is a barefaced imposition. We never saw or heard of Dr. Mattison, or his "Institute," before we read the advertisement. We can hardly believe it possible that Drs. Miller, Parsons and Eldridge could have signed the above certificate, and we hope to hear from them a denial of having done so.

Transactions of the American Medical Association.—The Transactions of the American Medical Association, Vol. XI., are published and now ready for delivery. The volume is one of the most interesting of the series. Gentlemen residing in Boston or its vicinity, are requested to send their names, and the number of volumes they desire, to Dr. Borland, No. 16 Winter St., before the first of March, who will procure the volumes, deliverable in this city, at the following prices:—Volume I. at \$2; (Vols. II., III. and IV. are out of print;) Vols. V., VII., VIII. and IX., if taken collectively, \$5 for the set; if singly, \$2 apiece; Vol. VI. at \$2; Vol. X. at \$3; Vol. XI. at \$3.

DIED,—In Brooklyn, N. Y., Jan. 20th, John Hart, M.D., of Oswego, N. Y.

Deaths in Boston for the week ending Saturday noon, January 29th, 62. Males, 35—Females, 27.—Accident, 2—apoplexy, 5—inflammation of the bowels, 1—inflammation of the brain, 2—consumption, 14—croup, 2—dropsy, 2—dropsy in the head, 4—puerperal disease, 2—exposure, 1—epilepsy, 1—erysipelas, 1—typhoid fever, 1—disease of the heart, 1—hæmorrhage of the lungs, 1—insanity, 1—inflammation of the lungs, 10—congestion of the lungs, 1—marasmus, 2—old age, 1—palsy, 3—premature birth, 1—disease of the spine, 1—teething, 2.

Under 5 years, 20—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 41—Ireland, 17—other places, 4.

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THURSDAY, FEBRUARY 10, 1859.

No. 2.

VESICO-VAGINAL FISTULA.—LETTER FROM PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The late visit of Dr. Bozeman to Europe has resulted in inaugurating a new era in the treatment of vesico-vaginal fistula. There are already indications that his method (the "button suture") of treating these grave accidents will, before long, generally be in use in Europe. In spite of the almost insurmountable obstacles which Dr. B. encountered while here, the most brilliant success has crowned all his efforts. During his short stay in Europe, he operated, in all, four times—once in each of the cities of London, Edinburgh, Glasgow, and Paris. In each one of these cases, *complete and entire union* of the fistula by the first intention was obtained.

Since his return home, in November last, and within only a few weeks, a comparatively large number of cases have been reported in the English journals. Some of them have been of very long standing, cases that had been considered as entirely forlorn and incurable. Most of the reported cases have occurred in the practice of Prof. Simpson, of Edinburgh, and Mr. I. Baker Brown, of London. Lately, Prof. Simpson, in reports of some of his cases, states that he has substituted, as being cheaper, the "common blue iron wire of the shops" for the silver suture of Dr. Sims. He has also, he says, contrived a wire splint, which answers better the place of the "button suture." We cannot understand how this is possible. From the drawing we have seen, it differs in no respect, either in the shape of its outer contour, or edge, from the button—thus being only a ring of twisted iron wire, it must essentially fail to furnish that protection and support which is obtained from the "button suture." Having in view this *principle*, upon which the success of Dr. Bozeman's operation largely depends, we do not see how any change, by way of improvement, can be made in this direction.

In order to get some idea of the grand revolution that is now being accomplished through the instrumentality, almost altogether,

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of American surgery, in the success of the operation for the cure of fistula, I will copy only a few lines from Prof. Simpson's lecture on vesico-vaginal fistula, just reported in the London *Medical Times and Gazette*. He says: "I speak of the treatment of this disease the more willingly, because it was long looked upon as incurable, and reckoned among the opprobria of surgery. With others, I used to regard a patient afflicted with it as a case generally beyond all relief and all hope. But within the last few months I have come totally to change my opinion. Till lately, most obstetricians and surgeons despaired of being able to do anything in the way of a radical cure of vesico-vaginal fistula. My predecessor, Dr. Hamilton, used to speak of such cases as utterly incurable, and Dr. Davis averred that all reported cures were misrepresentations. Vidal (in France), whose book is probably more extensively read on the Continent than any other systematic work on surgery, says: 'I do not believe that there exists in the science of surgery a well authenticated, complete cure of vesico-vaginal fistula—a fistula due to a loss of substance from the bas-fond of the bladder.'" "I have often seen cases," says Prof. Simpson, "operated upon, and in many different ways, and have sometimes tried to operate myself—but till lately I *never saw* a cure."

In Paris, where nothing not indigenous to France, especially in surgery, can easily take root, this subject is already beginning to be examined anew, and has appeared largely in the journals. M. Verneuil, Prof. Agrégé of the Faculty, in a course of lectures which he is now giving on anaplastic surgery, gave us, a few days ago, a very complete and faithful history of the surgical treatment of vesico-vaginal fistula, from the beginning to the present time. This gentleman is now engaged in writing a work upon this subject (*Anaplastic Surgery*), which he intends shall be the most complete work in any language. He has made himself well acquainted with American surgery, a subject of which not much has been generally known with French surgeons heretofore. While speaking of what had been accomplished by American surgeons, he paid a very high compliment to Dr. Hayward (of Boston), who was the first, he said, to make any real improvement in the treatment of these accidents. He pointed out to the gentlemen present in what it consisted. We think we are correct in saying, that not only the method of introducing and passing the sutures on the vaginal side, so as not to wound the inner surface of the bladder, but also the manner of paring the edges of the fistula, at present in use, was first practised by that gentleman so long ago as in 1839. The importance of diminishing the size of the ligatures was also, we believe, insisted upon. Dr. Sims, to all this, as we are fully aware, has, in the use of the "silver wire suture," and in improvement upon some of the instruments used in the treatment, in the way of ensuring success, made a most important and decided advance;

while the invention and addition of Dr. Bozeman's "button suture" leaves nothing to be desired. M. Verneuil, after examining all the different operations that had been proposed and practised, considered the "button suture," or the operation as practised by Dr. Bozeman, as altogether the best and most successful operation at present known. He said, further, that if it gave only *one success in three cases*, he should consider it his duty to adopt it.

In the *Gazette des Hôpitaux*, for the last fortnight, a long article has appeared from M. Robert, in regard to the treatment of vesico-vaginal fistula "*à la méthode Américaine*," as it is generally called here. He closes with a detailed account of the treatment and cure of the patient upon whom Dr. Bozeman operated in his service at the Hotel Dieu. Having assisted Dr. B. in this operation, I was not only placed in a position to notice carefully the difficulties to be overcome in the operation itself, but felt an increased degree of interest in watching the progress of the case to its final cure. This poor woman, æt. 35, entered the Hotel Dieu, in the service of M. Robert, the 11th of September last, seven weeks after her confinement with her ninth child. Her general health was good. In her previous labors, she met with no difficulty. Before she came under Dr. Bozeman's care, she had undergone two operations by the surgeons of that service. The last was performed September 18th. Both resulted in complete failure. Dr. Bozeman performed the final operation on the 16th of October. The fistulous opening was of enormous dimensions, leaving but little of the vesico-vaginal septum intact. After the edges of the fistula had been pared, ten silver sutures were necessary to hold the parts in coaptation. On the eighth day after the operation, the button or suture apparatus was removed, and union was found to be complete. A number of French surgeons were present, and all appeared much surprised and struck with the happy result. The patient continued to improve up to the last of December, when she left the hospital in fine health and spirits.

Paris, Jan. 12th, 1859.

J. F. NOYES, M.D.

TREATMENT OF CROUP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The last number of your JOURNAL was received two days since, and your remarks on my case of croup duly noticed. I am not surprised at the difference of opinion in respect to the course of treatment, but I am at some of the comments. It is about ten years since I first forwarded for your JOURNAL practical remarks on various diseases of moment, and I had supposed they would have had the effect of inducing a belief in my not writing about any disease without the possession of some knowledge of the subject. It is now thirty-five years since my

attention was directed to the subject of croup, and the treatment best adapted to effect a cure. As upon many important points you have offered objections, I will endeavor to place the whole matter in its true light. Considering myself aggrieved, may I not hope, that, as an act of justice to a fellow-laborer in our profession, you will see the reasonableness of my request that this reply may appear in the same JOURNAL containing the critique.

In all respects, I am a firm believer in the real inflammatory nature of croup, as you surmise, and also, that such inflammation, as well as that of all other diseases, differs materially as to intensity; hence, the difference in the character of the symptoms, in different cases of croup. Such an admission necessarily involves the absolute necessity of a corresponding difference in the course of treatment, no less than in the quantity, if not the character of the medicines necessary for a proper effort to effect a cure. It is of very frequent occurrence, to meet with cases in which there is present every symptom of croup, in its incipient stage, of so mild a character, that most frequently a few doses of hive syrup, with perhaps an appropriate dose of paregoric, at bed time, will prevent its further progress, and effect a speedy cure; and this I have very often seen. In other cases, of a rather more severe character, to the above remedies there may be added one or more small doses of calomel, with one of castor oil, to produce the same result. Do we always know, at the beginning of an attack of croup, however mild it may be, whether it will continue such, be easily and speedily cured, or whether it will gradually and surely progress, and assume in succession all of the most violent and dangerous symptoms, with, or without a false membrane, finally ending fatally? Suppose we have a case occurring at midnight, in a sudden and alarming manner, by no means unfrequent, all of the symptoms—to wit, the peculiar sound of the cough, the voice, and the inspiration, which once heard cannot be mistaken—so say all authors, with truth—the injected or bloodshot eye, that struggling or gasping for breath, that clutching at the throat; if we have all these present, what course of treatment would seem to be most likely to succeed in removing such a combination of fearful signs? I have been present at such scenes, call the disease they represent by what name you please; with positiveness I assert, that, in such cases, I do resort to the use of all the remedies specified, *without any limit* as to quantity, or frequency of repetition, and this for the very best of all reasons, the conceded difficulty, at times almost impossibility, of producing the least impression on the stomach, without the employment of doses, in other cases unwarrantable. This difficulty is alluded to by all the best authors, and my observation fully confirms the fact; upon it, the strongest and unanswerable arguments can be based, in extenuation of my course of practice, so thoughtlessly censured. Right or wrong, such are my belief and practice, and, as a man of truth, I most positively state

that, notwithstanding such apparently astounding doses, in not one single instance has the slightest unpleasant effect been produced. As is known, we have in this city lately passed through a severe epidemic of yellow fever, in which there have been seen cases presenting every shade of intensity of symptoms, from the most mild, almost ephemeral, which would be cured with but slight medication, to the most severe and rapid in progress, ending fatally in about twenty-four hours, all the resources of our art proving absolutely powerless. I intend not to draw any comparison between yellow fever and croup, except as regards intensity of attack, and violence of the symptoms, in both of which, a comparison does hold good.

Dr. Horace Green, the strong advocate for, if not the originator of local applications in croup, says, "The essential characteristics of true croup consist in an inflammation of the excreting surfaces of the fauces, the larynx, and trachea, which is always productive of a membranous, or an albuminous exudation." The fact that acute inflammation does exist to a greater or lesser degree, as the cause of croup, has been fully proved, but it is equally certain that a case of true croup may exist and prove fatal without any post-mortem proof of the existence of a false membrane. Impressed with the firm belief that inflammation is the cause of danger in every case of croup, I equally believe in the adaptedness of a strict antiphlogistic course of treatment from the very commencement, proportioning, however, the force of the means to the violence and character of the symptoms, and this last I hope will not be lost sight of.

The following, bearing on some points of the case, I consider justifiably introduced. When treating some of my severe cases of true croup, in Philadelphia, so imminent was the danger, that it was deemed proper to call in consultation such physicians as Physick, Chapman and Dewees, of world-wide repute. They recognized the existence of croup; they approved of all that had been done, or was being done, even, in one case, of venesection *ad deliquium*; they called not in question my power of correct diagnosis; and I really believe I shall be able to do the same correctly, and cure my patients by the use of the same heroic measures, notwithstanding the remarks of some who may not have had more ample scope for observation. I claim for my course of treatment, no less than for the remedies used, as I fear not to assert I do, that they fulfil all the indications presented in a case of croup—that is, they overcome the first cause, the inflammation; they prevent, by so acting, the formation of false membrane, the frequent cause of death, and by so doing they obviate the necessity of so frequently forcing a resort to the operation of tracheotomy.

I do not consider it necessary to dwell longer on this subject, and from all that has been said in a professional and proper spirit, whether convincing or not, it does appear to me that a good op-

portunity presents itself to the Editors of the Boston Medical and Surgical Journal to put in practice the Christian maxim, "Do unto others as you would they should do unto you," by the insertion of the antidote in the pages of the journal that circulated the bane.

Very respectfully, yours, &c.

EDWARD JENNER COXE, M.D.

New Orleans, Jan. 19, 1859.

SURGICAL CLINIQUE AT CASTLETON MEDICAL COLLEGE.

FALL TERM, 1858—E. K. SANBORN, M.D., PROF. OF SURGERY.

[Reported for the Boston Medical and Surgical Journal by WILLARD A. CHILDE, Demonstrator of Anatomy.]

THE clinique, commenced the last year, was continued during the fall session of lectures with increased success. A large number of patients presented themselves for medical and surgical treatment, and in the surgical department, under the charge of Prof. Sanborn, were a number of cases requiring operations of unusual magnitude and interest, a brief abstract of which I give below.

AMPUTATIONS.

I.—*Middle Finger of the Right Hand*, amputated near the metacarpal joint, for the relief of a deformity caused by a wound from a circular saw. The patient, Mr. D. H., was a young man of 25, and made a rapid recovery.

II.—*Middle Finger of the Left Hand*, amputated for neuralgic disease, following a wound from a straw-cutter. The patient in this case (Mrs. N., aged 45) was a great sufferer from neuralgic pains, which originated in a wound which had been healed some months. Amputation was advised, as offering the best chance of relief. As the lady was from a distance, the result has not been learned.

III.—*Amputation of the Thigh in the Upper Third, for extensive Scrofulous Disease*.—This case was an extraordinary one, as regards the extent of the disease. The original malady was apparently suppurative inflammation of the knee-joint. The ulceration by progressive destruction of the soft parts, at the time of the operation, had reached to within three inches of the hip-joint. The patient had been confined to the bed for two years, and was extremely reduced. Hectic symptoms had been developed within a short time. The lungs were apparently sound, and the appetite good. Prof. Sanborn remarked, before operating, that it was very doubtful if all the diseased tissue could be removed, except by amputation at the hip-joint. But as in the present condition of the patient this operation would probably be fatal, he should proceed to operate as high up as possible, without disarticulating, and finish the operation according as the condition of the bone indicated. The patient being put under the influence of sulphuric

ether, the bone was exposed by anterior and posterior flaps, and sawed through just below the trochanters. The bone was found to be sound, but the muscular tissue of the posterior flap indurated, with sinuses extending upward toward the joint. After arresting the hæmorrhage, which was very profuse, a large mass of diseased tissue was carefully dissected out, and the wound dressed in the usual manner (water dressing). The patient did not rally from the immediate effects of the operation for some hours, but finally made a good recovery, without any unusual symptoms.

IV.—*Amputation at the Shoulder-Joint; Gun-Shot Wound.*—The patient, D. R., was a young man aged 20. In carelessly handling a loaded gun, the whole charge passed through the left arm, just below the axilla, fracturing the bone, carrying away the blood-vessels, &c. &c. Before relief could be obtained, he had bled nearly to death. He was seen by Prof. Sanborn six hours after the accident. The patient was then in a state of collapse from hæmorrhage. An examination of the wound showed the limb to be hopelessly injured, though the condition of the patient was such as offered very little hope that he would rally sufficiently to suffer amputation. The details of this case are quite interesting in a physiological point of view, but my limits will only allow me to say, that a systematic plan of administration of food was adopted, to supply the loss of blood and bring about reaction if possible. It was on the third day after the accident that the pulse first became perceptible at the wrist. During that time the patient had taken by the mouth and *per anum* three gallons of beef-tea, chicken-broth, &c., besides a pint of milk punch, and brandy and water in considerable quantities. During the third day reaction became fully established, the patient was put under the influence of ether, and the arm removed at the shoulder-joint. The operation was well borne, and the patient did well until the fifth day from the operation, when involuntary contractions of the pectoral muscles of the affected side began to annoy him, and gradually developed into unequivocal tetanus, which was fatal in thirty hours from the first attack. After the first tetanic symptoms, the patient was kept under the influence of ether till death occurred.

CANCERS.

I.—*Scirrhus Tumor of the Breast, of two years' standing.*—Mrs. M., 38 years of age. The tumor in this case was very large, with a small point of ulceration near the nipple. The axillary glands were not affected, and the general health good. The growth of the tumor had of late been quite rapid. The tumor was removed in the usual manner, a considerable portion of discolored skin being embraced by the incision. Prof. Sanborn is in favor of removal of all cases of cancer of the breast, where no cachexia is manifest, and thinks enlargement of the axillary glands (when they can be safely removed) no objection to the operation. In support

of this opinion, he cited the case of a lady in Massachusetts from whom a cancerous breast in an advanced stage of the disease had been removed, together with enlarged axillary glands, and whom he had lately seen in perfect health, eight years subsequent to the operation.

II.—*Cancer of the Lower Lip*.—Mr. B. W., aged 35. About one half of the lip was removed by a V-shaped incision, and the wound closed by one twisted and four interrupted sutures. The pin was removed on the third day, and all the sutures on the fourth. On the twelfth day the patient was discharged well, with no noticeable deformity.

III.—*Extirpation of Testicle for Cancerous Disease*.—Mr. N. N., aged 45 years. The gland in this case was enormously enlarged, and there was also effusion into the *tunica vaginalis* to a considerable extent. The patient being put under the influence of ether, a trocar was thrust into the scrotum, and about eight ounces of straw-colored serum drawn out. The scrotum was then laid open, and the gland dissected out, the cord being transfixed by a tenaculum before division. Several ligatures were required both on the arteries of the cord and in the scrotum. The testicle weighed thirty-eight ounces after removal, and examination showed the disease to be *encephaloid cancer*. Recovery took place without accident, as I have learned from Dr. Allen, of Middlebury, who kindly presented the case.

MISCELLANEOUS CASES.

I.—*Necrosis of the Femur, of eleven years' standing*.—I. M., aged 27 years. The thigh of the patient was very much enlarged, with numerous openings on each side, communicating with a cavity enclosing dead bone. An incision, six inches in length, was made on the outer side of the thigh, exposing the bone. The bleeding from the vessels of the thickened periosteum was severe, and much delayed this part of the operation. A trephine was applied to the enclosing bone, and the opening thus made was enlarged by a metacarpal saw and a common chisel. A tubular-shaped sequestrum was thus exposed and extracted, in pieces from three to five inches in length. The wound, after being thoroughly washed out, was filled with lint, which was kept saturated with the lotion of the chloride of soda, and this continued as long as the suppuration was profuse, which was several weeks. At the present writing (Dec. 13th) the wound is nearly closed.

A case of acute necrosis of the tibia in a child of 10 years was presented the same day, but delay was advised in consequence of the degree of inflammation present.

II.—*Double Hare-Lip*.—Master —, 6 years old. The case presented the usual features of this species of deformity, though the age was considered as an unfortunate one for the performance of so painful an operation. The little patient, however, showed

a marvellous degree of *pluck*, and offered no serious obstacle to the performance of the operation, though no anæsthetic was used. The operation was complicated, and difficult to describe. No attempt was made to bring the middle portion down on a line with the rest of the lip, but it was cut to a point, and embraced by the lateral portions of the lip, so that the scar left is shaped like the capital Y. Malgaigne's plan of preventing the slight notch, usually seen in the free border of the lip after operation, was adopted in this case with success. The parts were brought together with twisted sutures, and dressed with collodion. The pins were carefully withdrawn in forty-eight hours; the other dressings remained until the fifth day, when union was found complete.

III.—*Cataract; Operation by Depression*.—Mr. L. B., aged 84. The patient in this case was totally blind, from cataracts which had first affected the eyes, ten years previous. The general health was remarkably good, the eyes full and large, and nothing but age contra-indicated an operation. It was, however, unsuccessful. Sphacelus of the cornea occurred immediately. Fortunately, the operation or its consequences caused very little pain. The eye not operated upon was unaffected.

IV.—*Tenotomy*.—D. A. S., a little girl four years old, with permanent contraction of the knee-joint. The leg in this case was permanently fixed at right angles with the thigh, said to have followed an attack of fever. The joint was enlarged, but not tender to the touch, and there was evidently no ankylosis. The tendons of the ham-string muscles were divided subcutaneously, and the limb straightened forcibly, and so kept for two weeks by a straight splint. Subsequently an adjustable angular splint was applied, and the patient made to walk with the leg in a straight position. A gum bandage has been substituted for the splint, under which treatment the child is gradually improving.

V.—*Large Vascular Tumor on the Right Side*.—Infant child of Mr. P. The tumor was originally a *nævus maternus*. It had gradually taken the form of a tumor, and was at the time of operation as large as an English walnut, and growing steadily. No pulsation could be detected. It was removed in the manner recommended by Liston. The base of the tumor was circumscribed by an incision extending through the skin only. Two needles were then thrust through, in a crucial form, and under them a strong ligature was tightly drawn in such a manner as not to embrace the skin. The ligature was tightened twice afterward, and the tumor finally came off, without bleeding, in ten days.

Cases of encysted and fatty tumors were also operated on, and many cases of minor importance treated, instructive to the student, but of no particular interest to the readers of the JOURNAL.

MALIGNANT PUSTULE.

[In consequence of the recent occurrence of three deaths in the city of Providence, from malignant pustule, and the alarm caused thereby among those who considered the disease a "new" and "strange" one, Dr. E. M. SNOW, of that city, has published in the *Providence Journal* of the 4th inst. some description of it, with his views of its probable causes. We copy, below, a portion of his remarks.—EDS.]

Perhaps a brief description of the disease may serve to prevent much unnecessary alarm. The pustule, unless it arises from inoculation, is generally on the *under* lip. It commences with a slight pimple, and with considerable itching. Very soon a thin, bloody fluid is formed in the pimple, and it is surrounded with a livid or purple areola, or ring. It also rests upon a hard base which may be felt as a small lump under the skin; but has very little if any pain. Unless arrested early, the swelling rapidly increases, poisonous pus is formed, and being absorbed, passes into the blood and poisons the whole system. It is not necessary to describe the further progress of the disease, or its treatment. Our only object is to enable others to recognize it in its earliest stages, and also to prevent unnecessary alarm from common pimples which occur so frequently. An ordinary pimple differs from the pustule in this: it is sore upon pressure—it is of a bright red color—it has no thin, bloody fluid in the centre, and has not the same hard lump under the skin. Its progress is entirely different.

A few words in relation to the causes of malignant pustule. It is generally caused by the contact of some poisonous animal fluid or matter. Hence the disease is more frequently seen among tanners, butchers, veterinarians, and those who have the care of diseased animals. Some cases are reported among laborers engaged in unloading hides from vessels. Several cases are reported from skinning animals which had died of disease. Persons employed in removing and disposing of the dead bodies of animals in cities, are frequent subjects of the disease. Hence it is found that the disease is more prevalent when there is an unusual prevalence of disease among animals.

Malignant pustule is also supposed to be sometimes caused by eating the flesh of animals which were diseased when killed; particularly of animals affected with carbuncles.

It is also the general opinion that malignant pustule sometimes arises spontaneously, without any contact of poisonous animal matter, or eating of diseased animal food. It is certain that cases do occur, like the recent cases in this city, where there is no evidence or probability, so far as can be known, of inoculation with poisonous animal matter, and where no plausible cause for the disease can be given.

Whether such cases do arise spontaneously, without any direct

poison, or whether inoculation does take place in some unknown and unsuspected manner, it is impossible to say. From the fact that diseased animal matter is known generally to be the cause of the disease, from its known connection with diseases in animals, and from the fact that the disease never occurs as an epidemic, and very rarely except in solitary cases, we are inclined to the opinion that some direct inoculation or poisoning is always necessary to the production of malignant pustule. It is certain, from the rarity of its occurrence, that it does not arise from any wide-spread and generally diffused cause, such as is necessary for the production of epidemic diseases.

Many ways will be readily suggested in which inoculation might take place without any suspicion on the part of the person affected. A fly in summer might carry the minute quantity of poison, necessary for inoculation, on its feet; a butcher's knife might leave the poisonous matter on healthy meat; a favorite dog or cat might be the agent of its transportation. And yet these events might occur nine hundred and ninety-nine times without any evil results; but at the thousandth time, the minute quantity of poison might meet the necessary conditions for the production of its poisonous effects.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

DEC. 13th.—*Irritability of the Heart, induced by contiguity of Inflammation of the Lungs.* Dr. BOWDITCH mentioned the case. It was not until the inflammation, which had already affected other portions of the lungs, had reached a part contiguous to the heart, that the pulse rose to 156. In other respects, the patient at this time was no worse. On auscultation, fine crepitus was audible, but no pericardial or endocardial murmur. Digitalis only was given, and the inflammation ultimately subsided, leaving no lesion. Dr. B. thought the case interesting, as showing the influence of pneumonia on the action of the heart.

Dr. J. WARE mentioned, in connection, the following case. The patient was a female, aged from 70 to 80 years. She had an affection of the chest, which produced much distress about the heart, from which pericarditis, or some disease of the organ itself, was inferred. After death, however, pneumonia only was discovered.

In this case, although cardiac symptoms were apparent, none being referrible to the lungs, the heart proved to be sound, and the lungs diseased. He attributed this circumstance to contiguity. To contiguity also is to be attributed the irritability of the heart sometimes induced by certain conditions of the colon, a portion of which lies near this organ, as, for example, when distended by gas; also, by certain affections of the stomach.

DEC. 13th.—*Diphtheritis rapidly terminating in Croup.* Case reported by Dr. BORLAND.

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G. H., a girl nearly 8 years old, inmate of an institution for orphans, &c., of a leuco-phlegmatic temperament, sufficiently well developed, and having had no other illness than a slight attack of measles for at least one year previously, began to feel slightly indisposed—but, as she afterward acknowledged, made but little complaint of her illness or of the throat, “fearing she might be kept home from school.”

Dec. 10th.—Dr. B. was called, and found her up and about. Pulse 120. Skin dry. Slight, loose cough. No appetite. Bowels open. No rash of skin. Great fœtor of breath. Inspection of the throat revealed marked swelling of the tonsils and uvula, with purulent secretion. Ordered hydr. cum creta, gr. ij.; pulv. rhei, gr. iv. M.; and the throat to be frequently sponged out by the probang, soaked in a solution of nitrate of silver (six grains to the ounce of water).

11th.—The patient was in bed, and separated from the other children. All the symptoms were more urgent, there being some cough; excessive fœtor of the breath; pulse 140; skin dry; anorexia; throat more swelled externally and internally, with pultaceous membrane resembling a slough, over the tonsils and uvula. R. Potassæ chlorat., gr. iij.; aq. menth. virid., ℥i., M., every three hours, and the application to the tonsils to be continued.

3.30, P.M.—Hard, ringing cough, as in croup, for the last two hours and a half. Throat more swollen, respiration labored, and accompanied with tracheal and bronchial râles. Deglutition impossible, even of water, until after use of the tonsillotome. Top of right tonsil was amputated by the tonsillotome, and fauces thoroughly swabbed with ferri perchloridum, ℥i. to ℥iv., and an emetic of sulphate of zinc ordered to be taken immediately.

8, P.M.—Pulse 160. Skin as before. Had almost had convulsion from asphyxia, which was relieved by swabbing throat with nitrate of silver. Emetic acted well. Cough rather less urgent, and looser. Had thrown off one or two pieces of membrane of the size of a three-cent piece. Fœtor of breath somewhat less. More air enters lungs. Again free application of ferri perchlor. to fauces.

12th, 9, A.M.—Had had a bad night, restless, disturbed with spells of extreme dyspnœa. Now appears weaker, and voice is only heard in a low whisper. Skin perhaps a little more dusky and dry. No rash has been seen. Fœtor of breath not so offensive. Pulse 136, smaller. External swelling of throat is less on left side. Cough urgent, dry, sounding exactly like that in membranous croup. Respiration labored; respiratory murmur very feeble. Inspection of fauces—tonsils less swollen, covered with a sloughy-looking membrane, uvula swollen, and of a vivid red. Deglutition more easy. Bowels not opened. Great thirst. The treatment to be continued; wine and water and oyster broth were ordered.

1, P.M.—Had just had a severe convulsion. Pulse 168. Cough short, dry, explosive. Respiration labored.

3, P.M.—Symptoms same as at last record. Pulse 136. No recurrence of convulsions. From this time the patient continued to fail, and died at 2 o'clock on the following morning. Patient was seen in consultation by Dr. Lyman.

Sectio Cadaveris, ten hours after death. Thorax only examined. Lungs hardly collapsed. Right lung, old pleural adhesions over back. In pharynx, small spots of pultaceous membrane. Epiglottis thickened, œdematous. Mucous membrane pale. Trachea and bronchia

extensively lined with soft, white membrane, which was easily detached. Mucous membrane pale, but becoming a little reddened upon descending. Lungs were emphysematous, but otherwise healthy.

DEC. 27th.—*Puerperal Peritonitis; Treatment palliative and expectant; Recovery.* Dr. JACOB BIGELOW reported the case.

A lady, aged 25, after a favorable confinement with her first child, was attacked, at the end of three weeks, Nov. 27th, with symptoms of peritonitis, such as chills, heats, intense continuous pain, beginning in the right half of the abdomen and speedily extending to the left; excessive tenderness of the whole abdomen, much nausea, and pulse of 90. Lochia slight; milk diminished.

2d day.—Pain incessant; soreness increased, rendering pressure intolerable; skin hot; vomiting frequent and exceedingly distressing, owing to the abdominal soreness; pulse 110; milk diminishing; tongue loaded with a white coat; bowels costive.

3d day.—Pulse 120. Pain, soreness, heat, thirst, restlessness, greatly increased. Abdomen somewhat tumefied. Patient kept the supine posture, with knees a little raised, and could not bear to be moved across the bed. Was seen, in consultation, by Dr. JAMES JACKSON, who agreed in the extreme danger of the case, and an unfavorable prognosis was given to the friends.

4th day.—Pulse 130. Pain somewhat less, but soreness undiminished. Nausea, vomiting, thirst and coated tongue continue, with great general distress. Milk greatly diminished; still the child gets a little, morning and night.

5th day.—A spontaneous diarrhœa appeared, with watery and mucous dejections, at intervals of about an hour. This was not interfered with, and ceased after three dejections.

6th day.—Has rested a little better. Vomiting ceased; pulse 116 to 120; abdominal tenderness continues unabated; anorexia and some nausea. Keeps the supine posture.

7th day.—Pain returned for most of the day. Pulse 120; soreness increased; more heat and thirst, followed, however, by a better night.

From this time the patient continued slowly to improve, but was not well enough to be removed to a couch till after a fortnight, and could not bear the erect posture for some days longer.

At the present time, one month from the attack, the patient sits up half the day. Has good spirits, natural sleep, and moderate appetite. Pulse 84. Lies freely on either side, has no pain, but the central parts of the abdomen and hypogastrium are still moderately tender on pressure, and somewhat dull on percussion. The milk continues, up to this time, in small quantity.

The treatment of this case has been mostly palliative and expectant. The tendency to vomit precluded, for some time, the exhibition of any cathartic, but a movement was at length obtained by small doses of senna, given every three hours. Four leeches only were applied to the abdomen on the second day, and two more on the seventh, but the blood taken in this way could not have been much. Sinapisms were occasionally applied, and morphia, in doses of from $\frac{1}{16}$ to $\frac{1}{8}$ of a grain, was given one or more times in a day while the pain lasted.

This case would not have been thought worthy of report, except that it may serve to show the fallacy of the inferences so frequently drawn from the supposed effect of active treatment in single cases, or in a few cases, of this disease. Had this patient been bled repeatedly

to delirium, or been wrapped in a wet sheet, or drugged with opium or turpentine, and survived any of these modes of practice, the credit of recovery, not usual in similar cases, would, very probably, have been given to the particular practice pursued.

Dr. MINOT asked as to the propriety of giving cathartics; and whether they would not be as likely to aggravate as to benefit the disease.

Dr. Bigelow replied, that the presumption is that cathartics are serviceable as depletives in most cases of inflammation; that their action is not, it is true, to be depended upon in peritonitis, and often fails; but, nevertheless, they afford some satisfactory indication of the condition and degree of excitability in the bowels, and aid both diagnosis and prognosis.

Dr. PUTNAM thought their use in the early stage of the disease by no means prejudicial, and alluded to the practice of a Salem physician, who gave turpentine early in the affection, and who was peculiarly fortunate in the issue of his cases. The benefit of this treatment seemed to be confirmed by the fatality of the disease in the hands of another practitioner, in the same town, who adopted a different course of treatment.

Dr. Bigelow further said that it is often difficult, and sometimes impossible, to move the bowels in severe peritonitis; but that it is satisfactory to the physician to know whether they are capable of being acted upon or not. He would resort only to moderate means, but would not persevere if distress or vomiting were evidently caused by them.

Dr. STORER differed in opinion from Dr. B., in the statement that bleeding is of doubtful value in this disease. He would be very unwilling to treat a case of puerperal peritonitis without the liberty to use the lancet, if this were necessary. He asked if the greater number of patients do not recover under this treatment.

Dr. B. replied, that although cases of recovery undoubtedly take place under this treatment, many others prove fatal; and that, on the other hand, recovery occurs without it. It is a subject on which medical men are not agreed.

Dr. JACKSON remarked, that as in pleurisy the affected part does not move so freely as in health, so in peritonitis, constipation seems to be a natural means of preventing the aggravation of the inflammation by the diminution of peristaltic action. It seemed therefore rational not to interfere with this condition, unless absolutely necessary.

In reply to inquiries, Dr. Bigelow regarded constipation as the consequence and not the cause of peritonitis, and hence saw no objection to moderate means in the outset of the disease, either by the mouth or rectum, when the state of the stomach and other symptoms did not decidedly contraindicate them.

JAN. 10th, 1859.—*Keloides*. Dr. MORLAND reported the case, as follows; and also showed the patient to the Society, together with a daguerreotype view of the affected part.

John F—, an Englishman, 26 years old, presented himself at the Central Office of the Boston Dispensary, Jan. 7th, 1859, with an unusually good specimen of keloides upon his breast. The affection was first manifested ten years ago, and was spontaneous—not developed in the cicatrix of any wound—surgical or other. The central patch is one inch and a half long, by one inch broad. To the left of this, and

isolated from it, is another similar, but smoother elevation, a trifle over an inch long, by about one half an inch broad. Upon the right of the central portion, and prolonged directly from it, there is a claw-like appendage, one inch and a half long, and about one quarter of an inch wide. As usual in cases of true keloides, no known cause could be indicated.

Four years since, the patient was exhibited to the Society by Dr. Slade, who shortly afterward excised the original diseased patch. This portion is now entirely reproduced, and the additional tumors on each side of it have appeared. The latter are smooth upon their surface, the former presents the furrowed and wavy outline characteristic of the cicatrix of a burn—to which it bears a striking resemblance. The affected spots are of a light pink or rose color.

The patient applied, at the present time, chiefly on account of the very troublesome itching constantly experienced in the diseased part. Occasionally, there has also been, and is still, a stinging, lancinating pain. An alkaline wash has greatly relieved the itching. It is not proposed to excise the disease again, at present, in view of the recurrence mentioned, and of the constantly similar experience recorded by observers.

The locality of the affection, in this instance, may be referred to, as that of election—the central portion of the sternum being, according to authorities, its favorite site.

Originally particularly described by Alibert, keloides has been regarded a surgical affection as well as a mere cutaneous disease; hence its occasional consideration in treatises upon surgery. Mr. Erasmus Wilson, in the last edition of his work on *Diseases of the Skin* (London, 1857), treats of it at some length, and in a very interesting manner. He adopts the term “Kelis,” from the Greek, answering to “macula vel probum,” in preference to either of the synonymes—kelois, chelois, cancrois, keloides; and also distinguishes a true and false kelis. Other forms are designated by him, in accordance with the shape assumed by the affection—as “ovalis,” “radiciformis,” “cylindracea,” “clavata.”

The case above described was originally a specimen of the *kelis vera* or *genuina* of Wilson. This writer remarks the extreme rarity of the disease, and states that he has only found twenty-four instances recorded. Amongst others, he refers to Dr. Warren’s cases, the second of which he is inclined to pronounce a case “of carcinomatous disease rather than of kelis.” The first volume of the Society’s Records contains the report of a case by Dr. Cabot—the patches being on the face and right arm, and fifteen in number. Keloid tumors are not infrequently multiple, but the face is not a common situation for the disease.

Wilson pointedly alludes to the various modes of treatment so unsuccessfully resorted to; and considers recourse to the knife unwarrantable “until every chance of relief by other means has failed.” He recommends “Donovan’s solution (*Liquor arsenici et hydrargyri iodidi*) in doses of ten drops, three times a day; or protioduret of mercury in combination with guaiacum and the oxysulphuret of antimony.” He has found the false kelis (*kelis spuria*) to be capable of removal by the use of iodide of potassium, three grains, thrice daily, and a Plummer’s pill at bed-time. Locally, he advises collodion, tincture of iodine, “and an ointment of iodide of lead, in the proportion

of two parts of lead to one of lard." The latter relieves the prickling and uncomfortable sensations accompanying the disease.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 10, 1859.

RESIGNATION OF PROF. JOHN WARE.

THE resignation of the Hersey Professor of Theory and Practice in the Medical School of Harvard University is officially announced. Dr. WARE has not taken a part in the present course of lectures, and there is no unexpected information conveyed in this formal announcement. It gives us, however, the opportunity of saying a few words of the feeling with which his colleagues and students regard him at parting.

It was no easy matter to fill the place left vacant by Dr. James Jackson, confessedly one of the wisest and best of teachers. Dr. Ware was by general consent hailed as his fit successor, and admirably justified the public opinion which led him to the chair and kept him in it. The same conscientiousness in the discharge of duty, the same union of firmness of opinion with modesty of statement, the same true aims, the same prudence in counsel, which had marked his predecessor, made his presence always valued and welcome, until by the changes of time he found himself the senior member of the Faculty, and the leader in its deliberations. Many doubtful and delicate questions arose during the period of his connection with the Faculty, and the weight of his advice was always felt in every practical conclusion. His calm, dispassionate statements never failed of their effect. Those who remember the discussion of the question of lengthening the lecture term, in the National Medical Association, cannot have forgotten the simple lucid argument he presented in his paper on the subject; a paper which gave a lesson to some members of that body in the use of the English language, and in the art of saying what they had to say without any idle flourish, which is as valuable as the argument itself. It is hard to speak in terms of praise of those who are living amongst us, but we cannot afford to let the opportunity of holding up a good example pass by without notice. The danger of the great medical centres is that the chairs in their schools shall be filled by men who study the rhetoric of the lecture room rather than the severe lessons of nature. The stimulus of a crowded market often produces inflammation in the style of the teachers who supply it. Our northern schools have not often been over fed, and have therefore suffered less from the congestions and spasms which have attacked the books and lectures of some of their more richly nourished neighbors. One of Dr. Ware's lectures is an excellent prescription for them, and taken with an aphorism or two of Hippocrates, or a few sentences out of Heberden, just before an annual "Introductory," will subdue the alarming symptoms of mental hyperæmia so frequent at that ovulating period of medical authorship.

Dr. Ware leaves the Medical School, to the welfare of which he has so largely contributed, in a very flourishing condition. The efforts

which have been made and are still making to increase its means of usefulness, are evidence enough of its active and growing life. Whatever influence it exerts or may acquire, whatever good work it may perform for the community and the profession, it can never outlive the memory of all that it owes to those who have labored for its growth and prosperity, among whom Dr. Ware will always be mentioned with respect and gratitude.

AMERICAN SURGERY.

THE account given by our Paris correspondent of the acknowledgment in Europe of Dr. BOZEMAN's great improvement in the operation for vesico-vaginal fistula, will be read, we doubt not, with much interest. We were already prepared for this announcement of Dr. Bozeman's success, through a recent pamphlet on the same subject, by Mr. I. Baker Brown, of London, who is well known for his success in the treatment of the surgical diseases to which women are specially subject. Mr. Brown gives full credit to Dr. Bozeman for having brought this delicate and often difficult operation to the highest perfection, and in fact dedicates the work to him, "as an earnest worker in the path of true scientific surgery, as well as a warm, earnest, true-hearted friend." It must be a subject of much pride, that this operation, which remedies one of the most dreadful infirmities to which woman is liable, was, if not originally suggested, certainly perfected, by Americans. The first step toward its successful performance was made by Dr. HAYWARD, of Boston, and the final improvements were accomplished by Drs. BOZEMAN and SIMS, of Alabama. The cure of a deformity, and especially the cure of an infirmity, may be regarded as among the highest perfections which medicine, as an art, is capable of. In the treatment of acute disease we can often control, regulate, and direct toward a successful issue, the efforts of nature. Often our wisdom is best shown in abstaining from all interference. But in the surgical treatment of many of the ills that flesh is heir to, we often interfere with natural processes, we replace one for another; and to do this successfully is a great triumph. To Hayward, Bozeman and Sims, mankind, especially womankind, should be grateful throughout all generations.

We might point to other triumphs of American Surgery, and especially to that last, best gift, the discovery of anæsthetics, the greatest blessing, except vaccination, which medicine has conferred on mankind; but we can only allude to them, in connection with a most unjust and indecent attack upon the profession, by a journal in this country. The *Bath (Me.) Times*, in describing the case of the Rev. Mr. Thayer, of Boston, who received a severe injury by being thrown from a carriage, in Lowell, utters a wholesale denunciation on the surgeons who had charge of the case, and on "Massachusetts medical gentlemen" in general. The indignation of the *Times* arises from the fact that amputation was proposed, but having been delayed, on account of the prostration of the patient, was eventually found to be unnecessary, and recovery took place without it. Nothing could be more unjust than the attack. There is nothing to show that the surgeons had erred in diagnosis or in treatment. True it is, that a patient now and then recovers, after having refused to submit to amputation. Doctors are not omniscient, and foreknowledge is not more certain in medicine than in commerce, navigation, agriculture or law, though,

perhaps, on the whole, quite as much so ; but it is equally true, that of those so refusing, a much larger number die than recover. Even supposing the surgeons were in fault in this particular case, we conceive that to be no reason for condemning the whole profession in Massachusetts.

We regret to say that the article in question has been copied by the *Boston Transcript*, which, if it does not thus endorse the opinion of the *Bath Times*, at least gives it a wide circulation. We do not suppose the *Transcript* wishes to lower the profession in the opinion of the public, by thus giving currency to a slanderous accusation, nor would the sensible portion of the community be misled by such a misrepresentation ; but, alas ! how small is the number of sensible people, how large the number of those who are ready to believe and circulate a libel. We protest against these abusive attacks upon a class of men who are among the hardest worked and poorest paid, if not the most useful in the community.

THE EDUCATION OF IDIOTS.

✓ WE are glad to learn from the "Eleventh Annual Report of the Massachusetts School for Idiotic and Feeble-minded Youth," that the benevolent efforts which have been made for some time past for the improvement of those most pitiable members of the human family, the idiotic, continue to meet with as much success as could reasonably be expected. The School at South Boston, in particular, appears to be behind no other in the energy and skill of its teachers, and in the good results of their labors. Indeed, when we consider the limited means and appliances of this establishment, it is not a little remarkable that so much should have been achieved. It may now be considered as a definitely established fact, that idiots are capable of a certain amount of mental education, and that their habits can be so far improved that they cease in a great measure to be objects of disgust. It is to Dr. Guggenbühl, of Abendberg, near Interlachen, in Switzerland, that we are indebted, not only for the first suggestion of the feasibility of imparting instruction to idiots, but for the first practical demonstration of the truth of it ; and his name will forever be associated with those of the benefactors of our race.

The training of feeble-minded children applies, of course, more to the development of the physical than the mental powers, the object being to strengthen the body as the best means of promoting the growth of the intellect, where this is capable of any improvement at all ; and in those cases where it is not, to enable the patient to enjoy better health, to amuse and occupy himself, and to become useful to those about him by various domestic or mechanical employments. The children at the South Boston school are divided into three classes, according to their proficiency in the use of language, as mutes, semi-mutes, and those who can express most of their ideas in language, which, though limited, may be easily understood. The hour of rising is half past five, and until nine the pupils are occupied in dressing, exercise and at breakfast. School begins at nine, the exercises of which, besides the branches commonly taught in primary schools, include calisthenics, sewing, knitting, block building, colors, and similar pursuits. Of course, much time is devoted to muscular training, by gymnastics, military drill, &c., and it is gratifying to learn that the improvement in the general appearance of the children proves beyond

a doubt the beneficial effects of such exercises. The girls are instructed in the use of the needle, and in some kinds of house-work. The care of their persons has been intrusted to the larger children, more than in any previous year, and many of them are not only capable of dressing themselves properly and neatly, but can also assist in performing similar duties for the smaller pupils. To quote the words of the Resident Superintendent, Mr. ALEX. DONALD, "The experience of each year adds strength to the fact, that idiots can be improved both bodily and mentally, as well as confirms the belief that some—a few, it may be—can be made to contribute something from their labor toward their support."

The Report of the General Superintendent, Dr. S. G. HOWE, urges upon the Legislature the importance of an appropriation sufficient to complete the buildings, and put the establishment in good working order. We earnestly hope this will be done; both humanity and public welfare demand that an institution which has already accomplished much for the improvement of a most unfortunate class of beings should be sustained and be enabled to extend its sphere of usefulness.

AMERICAN MICROSCOPES.

MESSRS. EDITORS,—As the use of the microscope is coming more and more into use among progressive physicians in the investigation of disease, and in fact may be considered indispensable to the making out of a proper diagnosis in some cases, I wish to call the attention of the profession, more particularly those located in the country, like myself, to the establishment of the Grunow Brothers, of New Haven, Conn. A few years since I wished to obtain a first class instrument, and went to Boston for the purpose of making the purchase. I could find nothing which suited me. I was told I could have one imported to order—the cost, however, was beyond my means. Neither the name of Spencer or Grunow were mentioned, and I had never heard of them. When Carpenter on the Microscope came out, I learned for the first time that there were those in this country who could equal, if not surpass, any of foreign make. I remembered, then, of reading in some paper of a microscope made for Prof. Peaslee by Spencer, and spoken of in the highest praise. I at once wrote to the Messrs. Grunow, and in less than a year they made for me a first class microscope, fully equal to any imported instrument, as has been proved by one of our best microscopists, and its cost much less. The Grunow Brothers have lately published an "Illustrated Scientific and Descriptive Catalogue of Achromatic Microscopes," which will give my country brothers just the information they need, and which I so long sought, but could not find. Believing, Messrs. Editors, they would gladly avail themselves of these useful instruments, either for study or pleasure, if they knew where the right ones could be obtained, I have taken this method of informing them.

N. Q. T.

King Oak Hill, 1859.

THE statistics of the U. S. Marine Hospital in St. Louis—Dr. W. M. McPheeters, Physician and Surgeon—show that, during the year 1858, there were admitted and treated 1,237 patients. Of this number, 1,135 were discharged, 64 died, and 38 remained under treatment at the close of the year. From this statement it will be seen that the mortality was only about five per cent. on the whole number admitted.

OBITUARY.

DIED, at Monterey, Ms., Dec. 25th, 1858, Dr. ALMON P. TICKNOR, an exemplary man, and distinguished and successful practitioner, after a long and protracted illness, at the age of 36.

Dr. Ticknor was born in Lebanon, N. Y. His preceptors were Drs. Jennings, of Richmond, and Sanford, of Tariffville, Ct. Attended lectures and graduated at New Haven, 1853, and practised in Easton, Ct., previous to his removal to Monterey. At the early age of 18 years, he embraced religion; and through his life and moments of death, the religion of Christ was his comfort and strength. His life fully attested the truth of his walk with God. As a physician, success crowned his efforts. Beside the bedside of the sick and dying, he carried the power of the medical art and the consolations of religion. As a man and citizen, he commanded the love and respect of all who formed an acquaintance with him; and his fine gifts made him a valuable member of society.

The community has suffered a great loss; his family, the bereavement of a kind father and amiable companion; and the social circle, a void. But what is a loss to friends and the world, to him is a great gain.

Monterey, Jan. 7, 1859.

The *New York State Medical Society* has adjourned, after having been in session at Albany three days. Among other valuable papers was one by Dr. WILLARD, on the diphtheritic disease, which has been prevalent of late in Albany. A motion by Dr. MUNDY, of Staten Island, for the appointment of a committee to investigate the Quarantine question, was laid on the table. The special committee on vaccination reported a more general prevalence of smallpox throughout the State than ever before since the introduction of vaccination, and recommended the passage of a law authorizing School Trustees to exclude from the schools all children who have not been vaccinated. The following officers were elected: *President*, Dr. B. FORDYCE BARKER, New York city; *Vice President*, Dr. DANIEL T. JONES, Onondaga; *Secretary*, Dr. SYLVESTER D. WILLARD, Albany; *Treasurer*, Dr. JOHN V. P. QUACKENBUSH, Albany.

The New York Academy of Medicine and Dr. Horace Green.—The case of Mr. SAMUEL W. WHITNEY, which has occupied so much attention in New York during the past few weeks, has been finally settled by a resolution adopted almost unanimously by the Academy of Medicine, exonerating Drs. MOTT, BEALES and GREEN from all blame in the death of the patient. A most animated discussion took place, before the passage of the resolution, in the course of which Dr. MOTT withdrew the charge he had brought forward, to the effect that Mr. WHITNEY died in consequence of the treatment to which he had been subjected by Dr. GREEN.

Body-Snatching in Cincinnati.—It is said that the four medical schools in Cincinnati use annually from one hundred to one hundred and twenty-five dead bodies in dissection, of which four fifths are stolen from the grave-yards by professional resurrectionists. This statement is too incredible to warrant belief; but allowing a smaller number to be obtained in this infamous manner, it shows that there must be in the State of Ohio some legal obstruction in the way of obtaining subjects from the almshouses, jails and prisons, in cases where there are no near relatives to claim the body. The passage of a law requiring such subjects to be surrendered to medical schools, would do more to prevent body-snatching than the infliction of the severest penalties, and would at the same time tend greatly to raise the standard of medical attainments in Ohio.

MARRIED.—At Falmouth, 29th ult., Dr. James C. Cobb, formerly of Northampton, but now of San Jose, Cal., to Miss Jane Bates, of Charleston, S. C.

DIED.—In Troy, Ala., 21st ult., killed by lightning, Dr. J. L. Nixon.

Deaths in Boston for the week ending Saturday noon, February 5th, 61. Males, 30—Females, 31.—Apoplexy, 1— inflammation of the brain, 1—cancer (of the uterus), 1—consumption, 11—convulsions, 1—croup, 2—cystitis, 1—dropsy. 4—dropsy in the head, 4—debility, 2—infantile diseases, 7—puerperal, 3—scarlet fever, 2—typhoid fever, 2—gastritis, 1—disease of the heart, 4—insanity, 2—jaundice, 1— inflammation of the lungs, 4—disease of the liver, 1—pleurisy, 1—scrofula, 1—suicide, 1—syphilis, 1—thrush, 1—unknown, 1.

Under 5 years, 21—between 5 and 20 years, 4—between 20 and 40 years, 11—between 40 and 60 years, 12—above 60 years, 13. Born in the United States, 34—Ireland, 18—other places, 9.

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THURSDAY, FEBRUARY 17, 1859.

No. 3.

TWO CASES OF MEMBRANOUS CROUP—TRACHEOTOMY.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—At 4 o'clock, P.M., Jan. 3, 1859, I was called to see Stella L. D——, a fat, robust-looking child, æt. 3. I soon learned the following brief history. The child is subject to a cough at times, otherwise always well. She has had more or less cough for a week. Jan. 1, she was out, and wet her feet. At night, her cough became "croupy," with hoarseness of voice, and a dry, wheezing respiration. After free vomiting, the breathing was easier, and on Sunday morning she appeared better. In the afternoon and evening the symptoms returned with increased vigor, accompanied with fever. Emetics and external applications were used. She passed a restless night, but was more comfortable in the morning. Her symptoms, however, soon became aggravated.

The first view of the patient at once indicated the malady, and that of a severe type. I found the pulse at 120, respirations 45, face flushed, the voice hoarse, cough frequent, at times harsh, dry and ringing, followed by a sibilant sound in the larynx and trachea at each inspiration. No crepitus was heard in the lungs, over back or front. Both tonsils were swollen, and covered with a thick, tough, white membranous exudation, as were also the posterior nares, extending down as far as the eye could see. There was much thirst, and no relish for food. I ordered emetics, to be followed by calomel and Dover's powder, and a forty-grain solution of nitrate of silver to be applied by means of a sponge; also volatile liniment externally; the temperature of room to be kept elevated and moist.

It is unnecessary to detail all the particulars in this case: I will only name the more important points.

Jan. 4th.—In the morning, the respiration and cough were a little easier; but in the evening, the pulse was at 130, and the breathing increased, loud and whistling. Patient sleeps at times with eyes partly opened. At each application of the nitrate the

respiration was much improved for awhile. The sponge brought up large quantities of membranous exudation. Chlorate of potash was freely given.

On the morning of Jan. 5th, the patient was evidently no better. As additional treatment, a tobacco cataplasm was applied to the neck and chest, and retained for five minutes, when paleness of the face occurring, it was immediately removed. Free vomiting at once followed, and also a dejection. Several pieces of membrane were expelled from the mouth.

At 10, A.M., Dr. E. D. G. Palmer saw the patient with me. As her appearance looked more favorable since the application of the cataplasm, it was thought advisable to continue the treatment. At 4 o'clock, we saw the child again. The tobacco had been used twice, on account of the returning dyspnœa, much to the relief of the sufferer. At one time a tubular portion of membrane was thrown off, more than an inch in length. Better hopes were entertained for the recovery of the patient. She took more food, and noticed surrounding objects. Treatment to consist of expectorants, the nitrate, and the cataplasm if necessary.

6th.—She had a restless night. All the croupal symptoms are increased. Pulse 140, and feeble. Not much noise in the trachea, which is dryer. Has vomited and purged during the night. Will take no nourishment. In the afternoon she was tossing about, and could not rest in one position long. The dyspnœa has increased; evidently, new membrane formed. At 5 o'clock, the nostrils dilated rapidly; the muscles of the neck, face and shoulders were laboring violently, the head was thrown back, the lips were livid at times, and the general aspect of the patient indicated a speedy death.

Drs. Palmer and Ayer being present, it was decided that tracheotomy was the only remedy that could save the patient, and yet this might fail. The patient was etherized, and with the assistance of these gentlemen I proceeded to the operation. The neck of the child being short and fat, and the veins distended, it became necessary to dissect with caution. A portion of the isthmus of the thyroid gland was divided; a small plexus of veins was pushed to one side. The loss of blood was not of much account. On opening the trachea, a small quantity of blood was drawn into it, which, together with the anæsthetic condition of the patient, produced an alarming asphyxia, and the respiration seemed entirely suspended for a few moments. With the insertion of a large double canula and the free use of brandy and water, with a dash of the latter upon the face, the little patient soon began to rally. As soon as reaction had partially taken place, she coughed up through the tube some blood, together with some stringy viscid mucus and small white pieces of membrane. Her breathing was now perfectly quiet. Directions were given to cleanse the tube every two hours, to put a lace cravat over the mouth of the canula,

to keep the room moist and at 70°, to continue the brandy, and give nourishment if she would take it.

At 8 o'clock, the record says—the respiration is easy, pulse 120, coughs occasionally, expelling a little bloody mucus, with some strips of membrane. If asked if she is better, she whispers “yes.” She has a finger in her mouth—a habit she has had since birth. A competent nurse is to take charge of her. Brandy to be continued—gum water for drink. Potassii iodidi, gr. ij., every two hours. Dover’s powder if restless, otherwise not to be given. Beef-tea, *pro re nata*.

10 $\frac{3}{4}$ o'clock.—Pulse distinct and soft, breathing louder, no sibilant inspiration. Tube has been cleansed. She can swallow slowly, without much difficulty.

7th, 9 $\frac{1}{2}$ o'clock.—The patient took two Dover’s powders of two grains each; slept at intervals during the night. Two or three times there was slight asphyxia, in her efforts to expectorate through the canula. There were two dejections, and she urinated once. She looks about the room, and wants to get up often, but cannot remain long. Pulse 120; breathing quiet, with some flapping sounds in the trachea. In cleansing the tube, some membranous pieces, with a thread-like appearance, were removed.

12 o'clock.—Dr. Palmer called with me. Pulse and breathing about the same. She swallows liquids without apparent pain. Considerable thick viscid mucus has been expelled, with more membrane. Wound looks well. Skin moist, but she has frequent thirst. Coughs often, with the expulsion from the trachea at each effort. The nurse wipes away the matter, as it appears, to prevent its return. Ordered a twenty-grain solution of nitrate of silver to be injected through the tube, twenty to thirty drops at a time, every four to six hours, according to the sibilant breathing. Continue other treatment.

9 o'clock.—The injection of the nitrate produces cough, and some strangulation, which is immediately followed by the expulsion of large quantities of semi-organized membrane. The patient soon falls into the quiet sleep of health. The tonsils and fauces look red, but I can see no white deposit. She relishes the beef-tea. Has had several small dark dejections; urinates freely. Treatment to be continued, omitting Dover’s powder.

8th.—Respiration easy most of the day. At 1 o'clock, considerable heat about the face and head. She has inclined to sleep nearly all day. Once or twice was awaked with difficulty. The expectoration in the morning was muco-purulent, but during the day and evening became frothy, light, and of a bronchial character. The nurse has noticed a few small pieces of membrane. Some expectoration has taken place through the glottis. Cauterized the wound at the morning visit, it having taken on a whitish hue. Pulse 110. Although apparently weaker than yesterday, yet she has consumed more food. I could detect no pneumonic signs.

At the evening visit she was sitting in her mother's lap. Chlorate of potash was ordered; the iodide to be continued less often. Wine, *pro re nata*. To give all the nourishment the child will take. No injection of the nitrate of silver into the trachea to-day, but to be used if symptoms demand it.

9th.—Patient not so sleepy as yesterday. The expectoration has lost most of its purulent character, both by the glottis and tube. She calls for play-things. Appetite good.

10th.—Pulse 104. Expectoration less frequent; at times darker. Has taken oysters and sucked beef-steak. Wants to go down stairs. Has used her paper and pencil, and called for many other things. Has no fever; wound is looking better—is beginning to cicatrize.

11th.—Has had a better day than any since the operation, although the cheeks have been flushed at times. She has had some paroxysms of coughing, expelling more mucus by the glottis. In the evening she could breathe by mouth to some extent. Canula is not changed oftener than once in four to five hours. Tongue clean. Appetite appeased with oysters and steak.

12th.—Removed the canula this morning, and cauterized the wound. There has been some fever to-day, with a diminution of appetite. There is considerable mucus in the trachea and bronchi, causing a rattling sound when the patient sleeps. She is more irritable to-day. By closing the wound, the breathing seems quite easy and natural, aside from the mucous secretion.

Since this date there has been a gradual improvement, although her symptoms have been variable from day to day. On the 17th, there were some sibilant râles in the bronchi. A mixture of syr., ipecac., tolu and papav. was prescribed. Some days there would be heat about the head and face, owing, for the most part, to occasional constipation. On the 20th, the skin became erysipelatous upon each side of the incision, extending upon the neck. A decoction of *ulmus fulva* soon dissipated the inflammation. The wound cicatrized so tardily that nitrate of silver was applied from time to time. Dr. Gay saw the patient with me on the 22d. He suggested the following:—R. Argent. nit., gr. v.; adips., ʒ i., to stimulate the granulations. Also—Syr. ferri iodidi, internally. Cicatrization has been rapid since, and at the time of writing, February 4th, the wound seems entirely closed, and the child is about the house, talking as freely as in health.

CASE II.—August 1st, 1855, I saw a girl of Mr. C., æt. 4. The child had been sick for a week; but for the last two days, she had exhibited all the aggravated symptoms of membranous croup. I found her nearly in a moribund condition—dyspnoea alarming, lividity of face, dry respiration, with every indication of a speedy dissolution. Tracheotomy was at once proposed as the only alternative of any promise. The parents consented without much reluctance. The operation was performed in the ordinary manner. No

ether was used, the patient remaining very quiet. The moment the double canula was introduced, there came that calmness and that serenity of countenance which are so characteristic in some of these cases—as if some almost insurmountable obstacle had been overcome. For the first twenty-four hours the prospects for the recovery of the patient seemed quite flattering—but our hopes were soon dissipated. The parents resided in a cold, damp basement-room. The mother had the care of several children, with no assistant. Under these unfortunate circumstances, the directions for cleansing the tube, and for giving medicine and food, were more or less disregarded. Several times I found the child in a state of great dyspnoea, owing to the tube being nearly filled with tough viscid mucus and strips of membrane. Death occurred on the second day. Had this patient been in a good atmosphere, with a competent person to take charge of her, the result, I have reason to believe, would have been recovery.

Tracheotomy, of itself, seldom if ever produces death. M. Trousseau says, that “if the croup supervenes upon measles, scarlatina, smallpox or pertussis, tracheotomy does not succeed.” Yet children often recover if pneumonia, pleurisy or erysipelas appear after the operation. From the results obtained in this city within a year, it seems quite evident that, with a proper canula, a well-regulated atmosphere, and the most vigilant attention on the part of the physician and nurse, the most skeptical in regard to the propriety of the operation must acknowledge its benefits. When medicine had become powerless, surgery has stepped in to rescue this hopeless class of patients.

89 Salem Street.

ADINO B. HALL.

LECTURES ON ASTHMA.

DELIVERED AT HOTEL DIEU, BY PROF. TROUSSEAU.

[Translated from the *Gazette des Hopitaux* of Sept. 23d, 1858, for the Boston Med. and Surg. Journal.]

LECTURE IV.—EXAMINATION OF THE OPINIONS OF THE MEDICAL PROFESSION AS TO THE NATURE OF THIS DISEASE.

ACCEPTING the ideas of M. Louis, M. Rostan admits that asthma may be associated with pulmonary emphysema. This opinion is presented under a very specious aspect. Always finding pulmonary emphysema in asthmatics, M. Louis has concluded from this fact that this organic lesion is the cause of the malady; to him dyspnoea and asthma are one and the same thing. Whenever an individual is presented to him affected with essentially nervous asthma, he diagnosticates emphysema, of which percussion and auscultation, it is true, often reveal the existence. At the same time it would be easy to show him cases in which the nervous affection does not coincide with the pulmonary lesion in question. Thus, for example, in the case of the patient lying in bed

No. 10 of our Saint Agnes ward, who has been asthmatic for many years, there exists, at the same time, emphysema with pulmonary catarrh; there is also an asthmatic woman in No. 6 of Saint Bernard ward. In her, as many of you have personally observed, there is not a single symptom of emphysema; respiration is everywhere free and full.

Nevertheless, the facts quoted by M. Louis have been rigorously observed, but their import has been exaggerated. I shall proceed to explain to you how he has arrived at his conclusions.

Under what conditions is emphysema produced? Is it a primary or secondary affection? For my part, I do not comprehend how it can be a primary condition, and I cannot make you understand how it is an effect, not a cause of asthma, without entering into some details relative to the mechanism of its production.

And in the first place, what is the mechanism of cough? After an inspiration the glottis is convulsively closed; the expiratory muscles are brought into play to expel the air or mucus from the bronchial passages, the blood or the pus which they may contain. It is often only after most energetic efforts that these powerful expirations triumph over the resistance opposed to them. But what is taking place during this effort? There is a pressure in operation from within outward, acting on the bronchial tubes and the pulmonary vesicles. This pressure is transmitted outside of the chest by the swelling of the vessels of the face and neck, toward which the blood is forced by the compression of the vascular ramifications which are distributed in the lungs. The air imprisoned in the bronchial apparatus struggles against the elasticity of the walls of the pulmonary vesicles, and when the pressure is continued for a long time and energetically repeated, when the resistance opposed by the obstacles which prevent the exit of the air contained in the chest is too great, the walls of the vesicles are stretched, and emphysema is produced. Sometimes even the pulmonary vesicles burst, and there results an interlobular emphysema, with which we will not occupy ourselves at present.

When we think of this mechanism of the production of pulmonary emphysema, we are no longer surprised at finding it in infants who have had a violent whooping cough, in individuals subject to catarrhal affections, &c. Now pathological anatomy, in showing us the frequency of this lesion as opposed to the rarity of asthma, furnishes us with arguments against M. Louis's opinion; in fact, vesicular emphysema is observed in autopsies of individuals who have never experienced anything like asthma.

Everything, then, proves that pulmonary emphysema cannot be the cause of asthma. On the one hand, there is no relation between the organic lesion which necessarily remains, or at least does not disappear for some hours, and the transient symptoms which characterize the access of the malady,—on the other, the symptoms

exist without the lesion, and still more the latter may exist without the former ever having been manifested.

But, if it is not the cause of asthma, emphysema may be the effect, and I proceed to explain how.

On the one hand, in the asthmatic, inspiration is more slow, more full than in an individual whose breathing is free, notwithstanding that expiration, instead of occurring passively, as it ordinarily does physiologically, in virtue of the simple elastic force of the lungs and the relaxation of the muscles which have been brought into action during inspiration, in this case is active, more violent; and yet, notwithstanding these efforts, the air is expelled more slowly than it is in the normal condition, by reason of the obstacle opposed to its passage through the spasmodically contracted bronchial tubes. We can comprehend by this how, the malady continuing for a greater or less length of time, these efforts of expiration being repeated at each attack, returning at longer or shorter intervals, during one, two, ten or more years—we can understand how, these attacks being thus accompanied by a cough which gives rise to expiratory efforts more and more energetic, pulmonary emphysema is the result.

According to M. Beau, asthma is the result of a chronic catarrh of the small bronchi, in which the sputa are of a density and viscosity which are only found in this complaint. The dyspnœa is caused by the interruption to the exit of the air from the bronchial vesicles, caused by the presence of this thickened mucus in the ultimate ramifications of the bronchi. Laennec had pointed out the existence of these sputa, which he called pearly sputa (*crachats perlés*), in this variety of catarrh, to which he gave the name of dry catarrh, and which is nothing but asthma. These sputa, which the asthmatic expectorates in fact after his attack, appear under the form of mucous globules of the size of a grain of hemp seed. Never mixed with air, semi-transparent, of a greyish tint, sometimes blackish, a color due to the presence of black pulmonary matter, they sometimes lose their globular form, their density, and become slightly pearly.

M. Beau, who was familiar with the ideas of the illustrious author of mediate auscultation, who had himself observed facts agreeing with his theory—M. Beau goes on to say, that in asthmatics there is in the bronchial tubes an accumulation of this excessively plastic secretion; that we ought not, therefore, to be astonished at the distress suffered by these patients, the products of the plastic secretion acting as plugs in the bronchial tubes as completely as the false membranes in croup, or as foreign bodies—beans, for example—which have entered the air passages. The loud and sonorous râles which are heard in auscultating these patients, are caused by the vibration which the column of air experiences in passing the mechanical obstacle opposed to it by the

plastic mucus which it meets. This theory is somewhat specious; nevertheless, it is easy to combat it and to overthrow it.

Let us suppose an individual affected with croup, in whom the bronchial tubes are obliterated by diphtheritic false membranes; will this individual show us paroxysmal attacks of dyspnœa, such as we find in the asthmatic? Observe what takes place in the patient No. 19 of Saint Agnes's ward, and who is affected with a bronchial catarrh with a most abundant secretion. In this individual, who raises from time to time an enormous quantity of purulent mucus, filling his cup, the mucus evidently accumulates during a certain time in the bronchi, and yet he experiences nothing which resembles the attack of dyspnœa of the asthmatic. But, it will be said, in him the secretion takes place in the large ramifications of the bronchi, and consequently there is no obstacle to the passage of the air, since the trunk of the bronchial tree is large enough, notwithstanding the presence of the catarrhal matter within it, to allow the air to circulate with sufficient freedom. What proves that the accumulation takes place in the last ramifications is, that on auscultation you hear perfectly sonorous and very fine mucous râles. In regard to the abundance of the expectoration, it is evident that in this individual the obliteration of the bronchi is far more general, far more complete than it is in those who only raise little mucous, pearly sputa; and yet, I repeat, our patient experiences nothing analogous to the attack of dyspnœa belonging to asthma.

But, supposing that these pearly sputa are the cause of the difficult respiration which characterizes asthma, M. Beau will allow that this mucous secretion takes some time in forming. Now, the invasion of the attack of asthma takes place with a rapidity which has no relation to the existence of the cause summoned to explain it. The influence of a moral emotion, of dust, and of dust of a nature peculiar in its effects on particular individuals, in one case the powder of ipecac, in another of oats, &c., which is sufficient to provoke immediately an attack of asthma—is it sufficient to excite as promptly the mucous secretion in question?

Further, there are individuals who, subject to what Laennec designated under the name of dry catarrh, raise, by coughing, mucous and pearly sputa, and raise them with extreme difficulty. They have most violent fits of coughing, brought on by a sensation of oppression, of tickling in the chest and at the orifice of the larynx, and yet these people never have dyspnœa, never an attack of asthma.

Finally, there are asthmatics, few in number it is true, in whom you will seek in vain, either at the beginning, during, or after an attack, for signs of catarrh.

Thus, in an etiological point of view, the theory of catarrh is as inadmissible as the theory of asthma exclusively symptomatic

of an affection of the heart or great vessels, or the theory of emphysema. These theories are also much more inadmissible in a therapeutic point of view. When the question of treatment arises, I shall tell you that in a few moments an inhalation of the smoke of the datura, or of the vapor of nitre, is sufficient to cut short completely the attack. Now, I ask you, would it be so, if we admitted that the disease is exclusively dependent on material lesions or mechanical causes?

NATURE OF ASTHMA.—In considering the facts which I have rapidly and briefly unfolded to you, when we come to ask, what is, definitely, the nature of asthma, one is tempted to compare it to the other spasmodic diseases of which the pulmonary apparatus is the seat. Whooping cough immediately occurs as an analogous disease.

An individual is taken with a catarrh, which during seven or eight days has no other characters than those of the most simple bronchitis; then supervene convulsive attacks, which nothing can control, returning every hour or two, sometimes at longer intervals, and lasting hardly a minute to a minute and a half. During the interval the patient suffers from nothing but the symptoms of a common cold. His expectoration shows nothing peculiar. If this individual were to cough five hundred times you would hardly be able to count twenty or thirty fits of convulsive cough.

You are dealing, then, in this case with a catarrh, but a catarrh to which is added a nervous element, which authorizes you in turn to characterize the whole malady. This nervous element characterizes it so well that, under some circumstances, rare to be sure, it is the only distinguishing trait. I have for more than twenty years called attention to this capital fact, of the spasmodic element being able to exist alone. Among other examples, I have cited that of a child in my service at the Necker Hospital, who, for the first eight or ten days, presented nothing else as a symptom of whooping cough but a hiccough, which returned eight, ten and fifteen times in the course of twenty-four hours. He had not coughed before, and he did not cough yet. After eight or ten days he had some fits of coughing, and soon presented all the symptoms of a catarrh, which from that time kept pace with the spasm.

I have already said, and I repeat it, the case is the same with those affected with asthma; if most frequently they present all the phenomena of catarrh, and sometimes of a violent catarrh, in a certain number of cases there are no such symptoms.

We are right, then, in admitting with Willis, that asthma is a nervous affection, that the paroxysms of dyspnoea which characterize it are the result of spasm, which, by closing more or less transiently the bronchi, interferes with the free circulation of air in the lungs, and causes all the symptoms.

The labors of Reissisen, the more recent labors of others, particularly of M. Gratiolet, who has had an opportunity of study-

ing the anatomy of the lung of an elephant which had died in a menagerie, have demonstrated the muscular structure of the bronchi. By what right, then, shall we refuse to these muscular tubes the possibility of being the seat of spasms, when we admit the possibility of their occurrence in other organs having a similar anatomical structure? By what right shall we deny the existence of bronchial spasms, when we admit the possibility of vesical and intestinal spasms, spasms of the stomach and urethra?

If physiology leads us, *a priori*, to the possibility of their production, we can no more withhold our belief when we study the pathological facts. Consider what occurs during an attack of asthma. The patient feels a sense of constriction in the chest. The energetic efforts of the inspiratory muscles are ineffectual to facilitate the act of respiration. It appears as if there were, and there really is, an obstacle to the entrance of air into the bronchi; for if you auscultate an asthmatic patient during the attack, you will hear neither râle nor vesicular murmur, which you hear as soon as the attack has passed off. And meanwhile the inspiratory muscles are in violent action to make a vacuum in the chest, where the air, nevertheless, does not enter. That which is opposed to this entrance of the air is, then, an obstacle in the bronchial tubes. We have seen that it is not a material obstacle, like mucus; it is a spasmodic contraction of the bronchial tubes themselves.

Other theories have been devised. While recognizing with us the nervous nature of the disease, M. Bretonneau believes that the dyspnœa in asthma is occasioned by a violent congestion of the lungs. According to him, there occurs in asthmatics something analogous to what happens in the case of the aura epileptica of the congestive form. Thus, in some individuals, in reality the aura epileptica is only painful, simply a painful sensation; which, starting from some point of the body, the thumb for instance, mounts rapidly toward the head, and is more or less immediately followed by a convulsive attack. In others, the aura is accompanied by a congestive movement evident to the sight. If it start from the hand, this swells, and the fingers are violently constricted by the rings upon them; this lasts one, two, or three minutes, and the attack comes on. This congestion is as essentially nervous as that which causes blushing of the face under the influence of moral emotions. M. Bretonneau believes that in asthma there is a similar congestion, which, obliterating the pulmonary vesicles and ramifications of the bronchi, is the cause of the dyspnœa, and produces subsequently the mucous secretion, which we generally observe, in fact, at the end of the attack.

However great the admiration which I profess for M. Bretonneau, my first and excellent master, I have always opposed this view of the case. I do not comprehend this aura, I do not seize upon all this; while I do comprehend, I do seize upon the asthma; and furthermore, I do not comprehend how the phenomena could occur otherwise.

Thus asthma is a nervous disorder ; and, furthermore, it is a nervous disorder of habit. It is very rare, indeed, that this affection does not depend for its existence upon a chronic diathesis. It is this which I shall try to demonstrate in another lecture.

S. L. A.

Bibliographical Notices.

A Treatise on Fractures. By J. F. MALGAIGNE. With one hundred and six illustrations. Translated from the French, with notes and additions, by JOHN H. PACKARD, M.D. Philadelphia: J. B. Lippincott & Co. 1859.

THE first volume of the *Traité des Fractures et des Luxations* of M. Malgaigne, appeared in 1847 ; the second, characteristically enough of French books of more than one volume, not until 1855. It is a little singular, however, that we should wait till 1859 before getting in an English translation the first volume of a work so favorably and universally known in the original.

M. Malgaigne's work is for France what that of Sir Astley Cooper is for England ; but the two can hardly be compared. The analytical and critical style in which the French so much excel, characterizes the treatise of Malgaigne, equally with the plain reasoning and practical observation which mark that of Sir Astley. Distinguished for his conservatism and the keenness of his critical acumen, for his bibliographical learning and the vivacity of his style, Malgaigne's former position at Bicetre, and his present one at St. Louis (a hospital that receives more accidents than any other in Paris), authorize the expectation of a work, the value of which neither ten nor twenty years can impair ; of this expectation, we have the full realization in the treatise before us. Containing everything, from the most extraordinary to the most frequent—from a skull, fractured at the memorable catastrophe at the Meudon, by the steam generated in the ebullition of the brains, or, from a rib broken by the heart's impulse against it, down to the accident of daily occurrence—like Boyer's Surgery, one never turns to it without finding what he searches for. But it is not our business to commend a work so well known and appreciated.

The American edition is entitled "A Treatise on Fractures," and there is no intimation, anywhere, that it is the first volume of a work the second of which is constantly alluded to in its pages. The translator adds to the original a preface, numerous paragraphs enclosed in brackets and incorporated with the text, a bibliographical table, and an index which is hardly so good as the translated table of contents. The folio atlas which accompanied the French edition has been reduced in size, and occupies a place at the end of the book. The "notes and additions" consist of running commentaries, the introduction of cases and remarks upon American practice, with occasional references to authors or journals.

The translator's commentaries, in many instances, seem rather superfluous. An intelligent reader hardly requires to be told that "a jack is a species of hoisting machine" (p. 198) ; or that "in America

as in England, the humerus is said to have an anatomical and a surgical neck" (p. 415); nor does it add much to our store of knowledge to be told that Dr. Christopher Johnston of Baltimore, in 1852, said Malgaigne treated successfully two cases of oblique fracture of the leg (p. 643). When the author lays down the rule that no compressing apparatus should be applied to a fractured limb until all danger from swelling and inflammation has subsided, it is gratifying perhaps to know that "this rule has for many years been observed in the Pennsylvania Hospital, and with very successful results" (p. 207); but, because the text states that "the radius alone may be broken at any point in its length," we hardly see the necessity for saying that in "April, 1856, he (the translator) saw in the Baltimore Infirmary, under the care of Dr. Miltenberger, a case of fracture of the radius, high up," the only remarkable thing about which, appears to be, that it was "well marked."

The cases introduced by Dr. Packard do not always add to the value of the book; some of them, however, are of interest, as for example, at p. 261, the nine cases of non-union treated at the New York Hospital. In the additions to the chapter on ununited fracture, we notice that no reference is made to the method of Dr. Brainard, of Chicago. It is to be regretted that direct reference was not made to the printed records of the Boston Society for Medical Improvement, for the account of Dr. J. B. S. Jackson's very remarkable specimen of incomplete intra-capsular fracture of the cervix femoris, of which such an unintelligible and erroneous account is given at p. 552.

In the chapter treating of fractures of the scapula, Dr. Packard makes the statement that, during eighteen months residence in the Pennsylvania Hospital, he saw six well-marked cases of fractured scapula.—(P. 413.) This statement attracts attention, as it follows that of Malgaigne, who says that of 2358 fractures collected from the statistics of Hotel Dieu, only four, and out of 1901 from the Middlesex Hospital, only eighteen, were of this bone. Two of Dr. Packard's cases were instances of fracture of the neck of the scapula. Let us look for a moment at what some of the books say with reference to this so-called "fracture of the neck of the scapula."

Mr. South (*Chelius*, Vol. I., p. 549) says, "there seems to be good reason for believing that this fracture never occurs. I believe there is not any existing specimen of fracture of the neck of the blade bone." Mr. Erichsen (*Sc. and Art of Surg.*, p. 201) remarks, that "on looking at the great strength of this portion of the bone, and the way in which it is protected by the other parts about the shoulder, it is difficult to understand how it can be broken except by gun-shot violence." Boyer (Vol. II., p. 150) says, "there is hardly an example of fracture of the neck of the scapula." Of course, none of these authors would deny the possibility of its occurrence in a comminuted fracture of the scapula. Astley Cooper reports three cases, none of which are accompanied by any confirmatory dissections, or by a reference to any specimens. His first case was complicated with a fracture of the acromial end of the clavicle, and was not seen by him until six months after the accident. The second was reported to him by another physician. The third, alone, fell under his own observation. Malgaigne says that this fracture "being ordinarily accompanied by a displacement of the head of the humerus, its history will be given with the

subject of dislocations." On turning to his second volume, page 551, after speaking of the "*signes tres-insuffisants d'A. Cooper*," he states that he knows of but two cases of fracture of the neck of the scapula. Of these, the first is reported by Delamotte; there was neither depression of the shoulder, nor was the head of the bone felt in the arm-pit, "*et l'on ne sait véritablement sur quoi le bon chirurgien de Vulognes établit son diagnostic*." The second case is verified by a dissection which revealed a fracture "which separated from the rest of the bone the neck of the scapula and the coracoid process, that being what A. Cooper understands as the fracture of the neck." But in the history of the case, Malgaigne shows that the diagnosis was a piece of good luck, and not authorized by the symptoms manifested.

We have referred to this question the more particularly, because fracture of the neck of the scapula is generally thought to be of not unfrequent occurrence. The facts certainly show that, though it is not an impossibility, it is at least of extreme rarity (five cases only being on record, four of which admit of reasonable doubt as to the correctness of their diagnosis), and to be revealed by other symptoms than those of a dislocation into the axilla which reproduces itself as soon as reduced: for any one who has ever dissected the ligaments which attach the coracoid process to the clavicle and acromion, will be at a loss to understand how a displacement downward can take place, and will argue, with Nelaton, that the diagnostic signs of this fracture "are drawn from theoretical views rather than from those of direct observation."—(Vol. I., p. 722.) At all events, the differential diagnosis of this fracture from that of the anatomical neck, or that through the tuberosities of the humerus, has yet to be more precisely drawn.

In conclusion, we would say, that we have no fault to find with Dr. Packard's translation (except in its extraordinary punctuation); on the contrary, much to commend: but with his additions, we think a little more discrimination would not have been out of place. They suggest the idea that in the fear of being charged with having only added "such a sprinkling as a single penful of ink might furnish, and yet have enough to spare for a flourishing autograph," he had tried to insert a paragraph wherever his ingenuity could suggest one. We hope that in spite of the statement on the title page of the second volume, that *l'auteur et l'éditeur de cet ouvrage se réservent le droit de traduction à l'étranger*, some arrangement may be effected by which we may have a translation of the volume on dislocations from the same source, and if Dr. Packard will then place his additions at the foot of the page, instead of intercalating them in the text, we shall have a great deal to thank him for in giving complete to the medical profession one of the most valuable of modern French works.

Ophthalmic Hospital Reports, and Journal of the Royal London Ophthalmic Hospital.

THE fifth number of this gem of medical periodicals has been received, and fully sustains its high character by the originality, conciseness and value of its articles. Among other excellent papers, those by Mr. Critchett on the formation of artificial pupil by including a portion of the iris in a ligature, and by Mr. Solomon on reclinatio of cataract with two needles, are admirable for their lucid style, and

show how much may be done by men of skill and genius, in the improvement of even those operative methods which we have been accustomed to regard as having already reached a high degree of perfection. W.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 17, 1859.

THE LATE DR. DEANE, OF GREENFIELD.

IN the number of this JOURNAL issued on the 17th of June last, we announced the death of Dr. DEANE, and expressed the hope that some one qualified for such an undertaking would furnish us with an account of his life and character. This has since been ably done by Dr. H. I. BOWDITCH, of this city, whose knowledge and appreciation of Dr. Deane well fitted him for the labor of love. A friend has handed us, within a few days only, a copy of the Address delivered by Dr. Bowditch, at Greenfield, August 4th, 1858, upon Dr. D.'s life and character, and which we confidently expected to have sooner received and commented upon.

Commencing with an exordium replete with true feeling and excellent sentiment, Dr. Bowditch passes in review the various epochs in the life of his distinguished friend. Under the head "Childhood and Farm Life," we learn that Dr. Deane was born February 24th, 1801, at Coleraine, Franklin Co., Mass. His very "humble home" was situated in the midst of striking and beautiful mountain scenery; and hence, doubtless, arose an early love of Nature and an habit of observation, which, unconsciously established at an early age, grew to be an element of the man's character and a necessity of his life. The orator alludes in eloquent terms to these circumstances and influences.

"Every morning, as the child came forth from the cottage to wash his rosy young face, at the simple stone basin, hewn out by nature, and placed near the well-sweep for the convenience of the whole family, his eyes were greeted with a gorgeous burst of nature in her sublimest form. Afar off, on one side, the distant Monadnoc arose, peak like, beyond a line of broken hills more immediately below him. In front, Wachusett lay, tipped often by the rays of the rising sun, and suggesting to his susceptible young heart ideas of serene beauty and of God. A few short steps from the dwelling enabled him to reach a height, whence he could seize in his glance the more Southern Massachusetts Hills, and the whole line of the horizon, with its curves of varied light and shadow, blending, in eternally changing loveliness, with the arch of Heaven. Can you wonder that an intense love of nature and of beauty was, by his very dwelling-place, instilled into his childish heart? During a recent visit to the spot, I found all changed save this glorious nature. God be praised! no human power can destroy that. It still speaks, in all its sublimity and beauty, to every heart, as it formerly spoke to his."

The power of maternal care, example and precept is next mentioned by Dr. Bowditch, and a fitting tribute paid to her who early led young Deane to study, and who was "a woman of sterling piety, good sense," and genial temperament. It was she whose "sweet voice

first greeted that exquisite sense for music, which ever after, during his whole life, was the source of some of his highest enjoyments."

We are next told of the first "yearning" of the boy for a wider and more exciting sphere of action than that afforded by the precincts of the homestead—of his wanderings in fields and woods—his noting the growth of trees from year to year, by driving nails into them—drawing caricatures upon their bark—or, as we gather from the author's quotation on the 8th page of his Address, piping upon rustic flutes made by his own hand, like a second Tityrus.

The friends of this "thinking youth" soon abandoned the idea of making him a farmer; and so his education now began in earnest. In the words of our author: "The divine afflatus seemed constantly urging him in a different, I will not say a nobler course; for I deem the life of a farmer, if thoroughly and knowingly pursued, one of the noblest presented to man. But it must be admitted that these tendencies [such as Dr. B. had previously mentioned—love of natural science, of music and drawing] in James, were a great drawback to his reputation as a keeper of cows and splitter of rails."

Passing over the account of Dr. Deane's "clerkship at Greenfield," when he was so happily situated in the family of Elijah Alvord, Esq., we come to the period when he began the study of his profession. He first attended medical lectures in New York in 1829-30, and received his degree of Doctor in Medicine in 1831. Shortly afterward he settled in Greenfield. Dr. Bowditch clearly and faithfully sketches the main features of his medical career, and we cannot refrain from quoting such a worthy tribute to the memory of a truly "good physician." On page 14 of the Address, it is pertinently and truly said that "no man was ever less of a trumpeter of his own fame than the excellent but modest Dr. Deane." It is also significantly remarked that, so far as reputation can be designated "success," he was completely successful. "I think I may say, not invidiously," adds Dr. Bowditch, "that he took the first rank as a surgeon, in this vicinity"—that is, in the country around Greenfield; and over an area of no small extent. His freedom from the taint of avarice, and his entire devotion to the welfare of his patients, are adverted to; as also his ambition to keep himself fully informed upon the progress of our Art, and his determination to neglect nothing which could better fit him for its practice.

With regard to Dr. Deane's "Medical Writings," it is peculiarly our province most gratefully to speak. We have previously acknowledged the indebtedness of this JOURNAL to his pen; and long before we were connected with it in our present capacity, it could boast of his valuable and always acceptable communications. We could wish that more such men would favor us, at least as frequently as he did, with their contributions,—and as much more frequently as possible. We subjoin the admirable and truthful remarks of Dr. Bowditch upon this portion of his friend's productions.

"Thus he quietly labored to make himself all that God intended he should be. Daily he gained the hearty respect of his associates of the medical profession; that sole tribunal to which every honest physician ever gladly appeals for the true estimate of his own worth. Mere public fame, fickle and thoughtless as it is, never gave a genuine success to any physician. In consequence of this respect among his peers, Dr. Deane was brought in contact with most of the rare cases of surgery and medicine within a radius of thirty miles. Feeling at times that he had

something worthy of being communicated to the profession, he was naturally led to seek the aid of the press. Accordingly, in 1837, six years after beginning practice, he sent a communication to the Boston Medical and Surgical Journal. From that time until January, 1855, he was a frequent contributor to the pages of that Journal. In truth, with the exception of the editors, few have contributed more articles than he has prepared for the pages of that Journal. These papers are all written in a curt, pithy style, exactly to the point, with not a word too many or too few. Every word tells. The language is as precise and clear as his own keen perceptions. The sole regret of the reader is that the writer has been so brief. He evidently never writes a word for mere effect, but simply to tell as clearly and as concisely as is possible, whatever he meets in his daily practice, that he thinks will be of real value to his profession. He has a good thing, and he submits it with entire confidence to his fellows. He writes, too, as he expressed himself, for men and accomplished physicians, and not for mere boys in medicine. Hence he pre-supposes an ample knowledge of many things that most writers on the subject would have alluded to. The French maxim must be partially reversed in his case. We always sigh to lengthen out his communication, and are as much vexed at his brevity, as we are annoyed by the prolix writings and conversations of others. These papers are chiefly upon the surgical cases he has met, but he likewise records some very interesting cases in medicine proper, and pathology. We can trace the gradual rising of his reputation by the gradually increasing severity of the incidents mentioned, until, at length, we find him daring the boldest flights of our art. In some instances he surpasses the great masters of surgical skill. Yet these very records, by their gentle allusions and occasional bursts of real feeling, demonstrate, what you all know by personal experience, that he never operated without having a feminine tenderness for the suffering of his patients."

After mentioning certain striking instances of his surgical skill—such as his operation for ovariectomy, for extirpation of a cervical tumor, &c.—other medical papers are referred to by the orator, and particularly that prepared by request of a Committee of the Massachusetts Medical Society, on "The Hygienic Condition of the Survivors of Ovariectomy"—a paper necessitating varied correspondence with foreign authorities, and of course requiring much time and labor in its preparation.

Dr. Deane, although at first not interested in the Massachusetts Medical Society, from not having been brought into contact with its members at their annual meetings, became subsequently, when circumstances allowed of his mingling with them at such times, one of its warmest and firmest friends; and in 1854, he was elected Vice President, and held the office for two years.

It is with admiring interest that we turn to the account of "Dr. Deane as a Naturalist." Our only regret is that we have not more space to devote to the specification of his full claims to this title. But this is not needed. Who has not heard of him in this capacity? We some time since noticed, at considerable length, his admirable production—illustrated by his own hand—upon the "Fossil Foot-Prints" of the Connecticut Valley. To him, indisputably, belongs the credit of their discovery, and of examining the subject with untiring and successful zeal. We wish we could say, for the credit of other scientific men, of perhaps more knowledge, but possessed of infinitely less nobleness and generosity, that Dr. Deane was well treated in relation to his important labors in this particular sphere of natural history. We refer the reader to the Address itself, not only for the enumeration of the various papers communicated by Dr. Deane to scientific journals, but also for the unhesitating expression of opinion by its author, as to the manner in which the discoveries were received,

and, we will add, unscrupulously appropriated by another. No credit redounds, from this particular phase of the transaction, to the erudite Prof. Hitchcock, of Amherst.

Dr. Bowditch alludes, in this connection, to the possibility that these marks were not "*bird-tracks*" at all—and draws the moral, that worthy and excellent men should not, as they often have done, quarrel about an "airy nothing." Dr. Deane himself subsequently admitted that certain specimens observed, established the fact that "similar tracks he had previously supposed to be those of a bird, were really those of a quadruped, which walked mostly on its hind legs." Notwithstanding all this, to Dr. Deane is due the honor of discovery, and the credit of brilliant illustration and faithful research. We are indignant when we reflect on the manner in which he was almost ignored by one whom he first incited to similar study.

In his relations to Society, Dr. Deane is described as "eminently domestic"—a devoted son, an affectionate husband and parent, a kind neighbor and a most valuable friend. His accomplishments—some of which we have already mentioned—made him at once an agreeable companion and a truly useful man. Fond of music, and with a taste for drawing, which his latest work fully displays, he had that unusual facility for mechanical execution, which enabled him to construct "an organ that was so perfect, that it was purchased of him." He was likewise not unsuccessful in poetical composition; his temper was genial, and a power of mimicry and "love of fun" also entered into his composition—although, according to Dr. Bowditch, these qualities were somewhat "subdued by the graver tones of his character," so that many did not suspect him of possessing them.

As to his "Religious Views," it is probable, from all we can learn, as well as from our author's statements, that Dr. Deane, like many refined and cultivated scholars and sensitive men, shrank from giving any marked publicity to his tenets and sentiments. We are told by Dr. Bowditch, "that one who knew him well" assured him "that he believed in the saving influence of Christ's death"; while "another, equally well acquainted with him, says 'he was a decided Unitarian.'" "For my own part," adds Dr. B., "I can say as Richter says of Herder, 'he made me feel how much he loved God and every child.'" And again—"his reverence and love of God were unbounded."

In health, Dr. Deane was tall and of a commanding presence—"his very walk conveyed an idea of strength." His last illness was marked by typhoidal symptoms, and he died June 8th, 1858, somewhat unexpectedly, we believe, to most of those who had known him—at least in this neighborhood.

The thanks of the profession and of the community are eminently due to Dr. Bowditch for the impartial and lucid account he has given us of an eminent, good and truly beloved physician. We cannot forbear to present, in closing our already extended remarks, the following paragraph, whose sentiments do honor to their speaker, and deserve to be treasured by all our brethren who heard or now read them:

"To my associates of the medical profession, the dead form of our brother speaks in mute but eloquent tongue, bidding us to respect, as he did, our noble art; to put aside all quackery and untruthfulness from our thoughts and deeds; to claim nothing more than is right and submit to nothing that is wrong, when

the duties of our profession summon us ; to deal gently with and to honor one another ; to abhor detraction, even by a look, from another's fair fame ; to avoid all routinism in our practice, and to keep ever our hearts unspotted, and our minds always active in the search after truth."

SANITARY CONDITION OF NEW YORK CITY.

A SELECT committee of the Senate of New York State has made a report on the sanitary condition of New York city, the causes of the great mortality of the metropolis, and the means whereby the present state of things may be improved, and future evils prevented. It is a most interesting document, occupying four closely-printed columns of the *New York Times*, and is replete with startling facts. Although few cities offer such opportunities, in a sanitary point of view, as New York, yet in few is the ratio of mortality greater, or the hygienic condition, in certain districts, at least, worse. Thus the mortality of London is in the proportion of 25 in 1000 ; that of Paris, 28 in 1000 ; while that of New York is 36.38 in 1000. This state of things has been gradually increasing with every year. Fifty years ago the proportionate mortality (1 in 47½), was less than that of London is now (1 in 45), whereas at the present time it is actually nearly as great (1 in 27) as that of London two centuries ago.

The causes of this excessive mortality are mainly attributable to the rapid increase of the population, without a corresponding advance in the scientific application of sanitary precautions and remedies, owing to the want of an efficient Public Health Department. This department, as at present organized, is only a branch of the City Inspector's Office, which, besides the most important function of a general supervision of the public health, including the inspection and removal of nuisances, the control and prevention of diseases, and the registration of births, marriages and deaths, has the charge of the cleaning of the streets, the regulation and management of the eleven public markets, and the inspection of weights and measures. In the performance of these duties the Inspector is obliged to hire laborers, to select the dumping grounds for the street sweepings, and supervise the same, and to make contracts to the amount of from two to four thousand dollars annually. It is obvious that these multifarious occupations are too numerous for the performance of a single office, and the Committee recommend "that the department which has the supervision of the public health in New York should be entirely separate from all others, and unencumbered with irrelevant duties and responsibilities ; that it should be placed on a more solid and independent basis than the ordinary divisions of the government ; that as far as legislative enactment can accomplish the object, its head should be a thoroughly competent sanitarian, and the tenure and emoluments of office such as to insure the greatest skill, devotion and efficiency. Under such arrangements as these, the Committee are of opinion that the most salutary results would follow ; that the estimate which has been made of \$13,000,000 as the cost of *avoidable* sickness and death, and the unnecessary loss of *five thousand lives* per annum, might be prevented, with an effect upon the happiness and morals of the people which can neither be reckoned in figures nor expressed in words."

Sanitary matters at last begin to occupy a conspicuous place in the consideration of the inhabitants of New York. The public is beginning to be alarmed at the frightful state of the public health. A sani-

tary committee, self-constituted, we believe, and composed mainly of medical men, meets regularly, once a fortnight, to discuss matters relating to public hygiene, with a view to effect a thorough reform in this department. Mayor Tiemann attends these meetings, and is ready to second every movement in the right direction. How far the existing evils can be remedied, is a matter of doubt. We can hardly expect a great change to be made in the construction of the dwellings of the poor. If people will live in unwholesome cellars, and crowd together in close apartments, it must be a slow process to teach them the economy and luxury of light, warmth and cleanliness; but the streets can be cleaned, sewers can be repaired and new ones can be built, nuisances can be abated, and an immense amount of work can be performed which has been accumulating for years. But to cleanse these Augean stables requires a Hercules. Nothing but "a thorough sanitarian" can suffice for this labor, a man who unites science, common sense and humanity with energy and resolution. Such a man can only be secured by making the office a permanent one, and attaching to it such compensation as shall make it worth while for a competent person to undertake it.

THE BURNING OF RUSSELL'S STEAM BAKERY.

THE destruction of this establishment has been fully chronicled by the daily press, and we intended, a week since, to have added our voice to the expression of regret which the occurrence elicited. By whatever instrumentality the fire was communicated, we regard the loss of the "bakery" as a public calamity. If there be any one thing which we, hygienically and dietetically, most ardently desire, it is the furnishing of good and wholesome bread to the community—and we may add, that, personally, it has long been our endeavor to secure such for our own individual mastication, and that of the members of our family. Good home-made bread we have been able, nearly always, to secure; but the outside article has been, at best, dubious.

The "Steam Bakery" has proved successful in other places, and bakers generally, we are informed, where it has been established, have come to regard it as a good arrangement, and one not intended to injure, and really not injuring them. It is only a day or two since a medical friend detailed to us the admirable working of the plan in Baltimore; and also stated that, by an understanding with the proprietors, the other bakers found it for their advantage to become *distributors*, only, of bread—abandoning their own private bakeries. Why should it not be so here? And why, we would ask in addition, should our population—rich and poor together—be compelled to buy bread at high rates, when that of better quality and uniform weight can be afforded at less prices? When it is known that the five-cent loaf has ranged, and does range, *from twelve to twenty-five ounces* in weight, who can reasonably be content with such a system? Give us, say we, a well-managed "Mechanical Steam Bakery"—and when it is built, and in operation, let it be better watched than the one just burnt was; in vulgar *parlance*, "it will pay"!

We may add that we tried the bread from Russell's bakery, and found it to be excellent and palatable.

Springfield, Mass., Feb. 10, 1859.

MESSRS. EDITORS,—An article recently appeared in your very excellent JOURNAL, relative to my artificial leg, and myself. You remark, "we cannot vouch for the facts, but presume them to be correct." To disabuse your minds, and the public, allow me to state some facts relative to the subject. And I will ask at the outset, why did not Palmer & Co. publish the article over their own signature, and not fire at arm's length over the shoulder of another? Is it because they fear to face statements so utterly void of truth? While in their employ, they took no small pride in stating that I was the "best workman," and stood at the very

head of the profession. For the last four years of my connection with them, at their urgent request and unanimous consent, I acted as foreman. If a number of their other workmen were "far superior," why was this responsible position given to me? Why were all the most difficult cases, requiring great skill, ability and judgment, given to me to adjust, and the "far superior" workmen kept on the most common cases? I am constantly receiving letters from patients wearing *other* legs, inquiring for a *better* leg. A great number of patients wearing the "Palmer leg" are coming to me to have them repaired—many living in Boston and New York. The public understand where the "far superior" workmen are. I have made legs for patients wearing the "Palmer leg," and have received orders from others. I have made legs for patients who have tried various kinds of legs for the last fifty years. The examiner at the Patent Office remarked, "The leg of your invention is the most simple in its construction, *durable and original, of any that I have ever examined.*" At the recent State Fair in Connecticut both legs were thoroughly examined. Two of the judges being old personal friends of Mr. Hudson, and having previously given their opinion in favor of "Palmer's leg," were unwilling to give an honest decision, being influenced by personal feelings. The chairman remarked, "I am decidedly in favor of the Douglass leg; *it is far superior to Palmer's.*" The two judges remarked to me, "we are *unable* to decide on the merits of the two legs," and ask the appointment of a fourth judge; but finally gave the case no further hearing. When I asked them by what authority they could grant the medal to *either* leg, they could not answer. If the "Palmer Leg" possesses the merits they claim for it, and my leg is such a poor thing, why did Mr. Hudson "post" the judges so thoroughly about me and my leg? Why did he fear to have them "even notice" my leg? If my leg is good for nothing, why did he call me a "humbug, charlatan, impostor, pretender"? Why did he not *still* call his the "Palmer Leg," and not try and steal the reputation of mine? If my leg is such a poor one, why have they, for more than a *year past*, been publishing articles in various papers and journals, advising surgeons not to send their patients to me, asking them to still "sustain their invention?" Why have they issued "Circulars" and sent them all over the country, calling on the public not to patronize me? If this leg is so "durable," why do they complain that I am "transferring their patronage" to me? What do I want of their patients after they have supplied them with limbs? If my leg is a miserable thing, why did Mr. Richardson, of Palmer & Co., on two occasions, go from Boston to Worcester, to induce a patient of mine to purchase a leg of them, offering to make it for less than half the price he paid me? But he did not accomplish his purpose. Does this look as though I was "personally soliciting the patronage of their patients?"

If my leg is good for nothing, and my ability the same, why is it that Palmer & Co., on *four* different occasions, came to me and earnestly entreated me to return to their employ? Not succeeding here, why is it they tried to induce me to throw up the manufacture of my leg, and manufacture theirs? Why is it their "six or eight" workmen are reduced to *two*? The public will not be deceived, but will go where they can get the best leg. I am in possession of many other facts, but it is not necessary to use them now.

By giving the above an insertion in your JOURNAL, the public will have both sides, and will judge for themselves. I am, very respectfully yours,

D. DEFORREST DOUGLASS.

DR. THOMAS WATSON has been appointed Physician Extraordinary to Her Majesty, Queen Victoria, in place of the lamented Dr. RICHARD BRIGHT. Dr. Watson is well known to the profession for his high character and distinguished attainments, and as the author of the "Principles and Practice of Physic."

DIED.—At Kailua, Hawaii, on the 23th of November, Dr. Thomas Charles Hyde Rooke, F.R.C.S., 52.

Deaths in Boston for the week ending Saturday noon, February 12th, 44. Males, 21—Females, 23.—Accidents, 3—apoplexy, 1—asthma, 1—inflammation of the bowels, 1—consumption, 10—croup, 2—dropsy in the head, 3—debility, 2—infantile diseases, 2—scarlet fever, 1—gravel, 1—disease of the heart, 2—inflammation of the lungs, 3—disease of the liver, 2—measles, 1—old age, 1—palsy, 1—pleurisy, 1—disease of the spine, 1—smallpox, 1—sore throat, 1—teething, 1—unknown, 1—whooping cough, 1.

Under 5 years, 14—between 5 and 20 years, 2—between 20 and 40 years, 12—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 29—Ireland, 12—other places, 2.

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ERYSIPELAS AND SCARLET FEVER.

BY EDWARD WARREN, M.D., NEWTON LOWER FALLS.

[Communicated for the Boston Medical and Surgical Journal.]

IN Vol. XLVIII. of this JOURNAL, I gave an account of a disease which prevailed here epidemically, about the years 1852 and 1853, taking various forms, from that of common inflammation to those more serious; cellular inflammation, malignant pustule, erysipelas, &c., all of which I was disposed to comprehend under the general name of irritative fever.

Since that period, there have been no fatal cases until this last spring. The health of this neighborhood has been remarkably good, although some faint returns of the epidemic have been seen every summer and winter, about the first of August and last of February; at seasons, in fact, when the animal system is relaxed by the continued heat of dog-days, or by the occurrence of mild wet weather in winter, after the system has been strongly braced up by continued cold.

The malignant pustule is very common at those times, and is attended with an amount of constitutional irritation perfectly surprising, as proceeding from a local cause apparently so trivial; often from a little blister upon the finger-joint, or a point like the prick of a needle.

During the general prevalence of influenza last spring, this disorder again became prevalent. Scarlet fever was also common, and several fatal cases occurred. In my former communications, I mentioned several cases which appeared to be very dubious. I will now adduce several more.

Two patients died of what was considered scarlet fever; I did not see either of them. In a neighboring house, a lady, the mother of a family, had an inflammation of the eyes of an erysipelalous character. After her recovery, one of her children was taken sick with vomiting, slight sore throat, with a rash of rather dark scarlet, perhaps I might say crimson. This rash con-

tinued out several days. Another child was then taken, and then a third, with the same symptoms. In the third case, the eldest of the three, the symptoms were all more severe; there was a rash covering equally the whole face and body, intense itching and stinging, depriving her of sleep at night, and more soreness of the throat than in the other cases, but not severe or alarming. In each case, the sore throat was of short duration.

In another house in the neighborhood of these two, two children were taken ill of what was considered scarlet fever. They recovered without medical attendance. While they were recovering, another was seized severely. He had severe sore throat, rash covering the whole surface of the body, and all the usual symptoms of severe (but not malignant) scarlet fever. I gave him a mixture of muriatic acid with confection of roses and cochineal, with Dover's powder. About the day after I saw him, a fourth in the same family was taken violently with similar symptoms. The sore throat was not severe, the rash was well out. There was great restlessness and irritation. I gave her the muriatic mixture, and Dover's powders. The next day, I found her much relieved, and I thought she was likely to recover. On my visit the next morning, I was astounded to learn that she was dead. She had suddenly become worse, continued to grow still worse through the day, and died in the night. In this case, there was no cerebral affection; there was not much difficulty in the throat. The patient died from irritation. According to her mother's account, "she wore herself out"; that is to say, she became exhausted by constant tossing and restlessness. The other patient, a boy of about four years old, recovered gradually under the use of quinine; and in none of these cases were there any sequelæ.

In another house in this village, on low ground, in which took place the fatal case of puerperal peritonitis described in the communication above alluded to, a house in which a tendency to erysipelas always exists, there occurred several cases, taking precisely the same form as those first described. The elder members of the family had attacks of erysipelas to a greater or less degree; the oldest of the children, aged about thirteen, had sore throat with a slight eruption, and recovered in a few days. After this, a boy of about five or six, was taken ill, had rather a dark-colored rash all over the body, and slight sore throat. He recovered after a few days, under the use of quinine, and began to go freely about the house. In the mean time, his sister, about two years older, was prostrated by the same disease. Her body was equally covered with a dark rash; she had slight sore throat and great prostration. She recovered very slowly, but was finally restored to good health.

While she was confined to her bed, her brother was again seized with violent symptoms—vomiting, apparent pain which he could not describe or fix, and whose situation could not be ascertained

by examination, swelling of the bowels and of the lower limbs. Despite of all remedies, he became worse, and had all the appearances of extreme agony—screaming, tossing in the bed, and never sleeping or lying still. He was perfectly rational, taking what was offered to him, and answering questions when spoken to. He died about forty-eight hours after this second attack, retaining his senses and a good deal of muscular power to the very last moment.

In ordinary cases of scarlet fever which prove fatal, there is extensive ulceration of the fauces, destroying life by affecting respiration; or there is a determination to the head, producing delirium, with intense heat of the surface and full rapid pulse. In the fatal cases above described, the affection of the throat was very slight, the pulse small and slow, and the brain unaffected.

About the last of November, the patient first mentioned, in this same house, was taken ill with vomiting, sore throat, and a scarlet rash covering the body. She was not very ill, and recovered under the use of the muriatic acid mixture and quinine. The second was next taken, and got through well. The third, a girl of about four, had the disease more thoroughly, the rash very full, but the throat not very sore. The rash lasted about the time of the eruption in scarlet fever, and she began to recover without severe symptoms. In about ten days, however, she was again seized with vomiting, which continued without cessation. She continued to grow worse for twenty-four hours. I found her in a state of partial collapse, vomiting everything given her, the abdomen tense and full, and the lower limbs swollen. Her pupils were fixed inward. I now directed all other medicine to be stopped, and alternate doses of spirits of nitrous ether and wine given freely, with strong beef-tea. I left her, with little hope of finding her alive at my next visit.

Contrary to my expectation, I found her rather better. After commencing the wine, the vomiting had ceased, and the other symptoms were no worse. At my next visit, I found a slight improvement, and this went on for some time. The wine and beef-tea were continued, without medicine. Shortly after, she had another attack similar to the preceding. I now substituted brandy in place of the wine, and continued it for a week or two, after which I dropped it, and gave the wine of iron. Her recovery has been very slow, but progressive. She had, for the time, entirely lost the power of walking, and could not even bear her weight on her feet. When I last saw her, however, about the first of January, she was beginning gradually to walk with considerable help.

About the first of December, a boy of ten, was seized with the common symptoms of scarlet fever—vomiting, a rash over the whole body, sore throat, &c. He was not very ill, and recovered with little difficulty. After his recovery, his sister, about two years older, was seized with vomiting, slight sore throat, and

catarrhal symptoms. A rash appeared upon the knees, which gradually extended over the whole surface of the body, attended with intolerable itching and stinging, and this rash, on minute examination, was found to consist of fine blisters.

After a day or two, small pustules appeared upon the foot and ankle, closely resembling the vaccine pustule, but with the apex circular, instead of oval. These were attended with intense irritation. The rash continued out over the body for four or five days, the pustules on the foot, in the mean time, slowly running together, and forming an abraded surface. The patient slowly recovered, became well enough to play about the room and even to go out; and I ceased my attendance. A few days after, I was called to her again, and found the other foot swollen and inflamed. The inflammation now extended over the whole body and face, assuming the usual form of erysipelas. She was not, however, compelled to take to her bed again, but was able to occupy herself in sewing, reading, &c. I now placed her upon a more stimulating course of diet, and gave her quinine and wine, with beef-steak once a day. I should have mentioned, that her appetite was capricious; she relished no other food but boiled cabbage, probably for the sake of the acid used with it, and very likely, also, because it was refused her at first. She recovered very slowly. In the mean time, her brother had a troublesome sore appear upon one heel; and the mother, who took care of them both, had a regular pustule upon one finger.

A rather singular case occurred about the same time, in a different locality. A family of four young children had successively the usual symptoms of mild scarlet fever, commencing with vomiting, catarrhal symptoms, slight sore throat, and a rash covering the whole body. They scarcely required any medical attendance. After they had recovered, the father came to me one evening. He had, the day before, had slight catarrhal symptoms, but had continued his usual occupations through the day I saw him. In the afternoon, some nausea and very slight sore throat came on. A rash had appeared on one arm, attended with considerable irritation. I gave him a mild soporific, and advised him to keep his house the next day, and commence the sulphate of quinine. I visited him the next morning, and found him completely covered, from head to foot, with a crimson rash. He said he felt quite well. He did not keep his bed at all, and was at work in a day or two.

In these cases, it is exceedingly difficult to distinguish between erysipelas and scarlet fever. In fact, as far as the patients and their friends are concerned, it is useless to make the distinction. The friends pronounce the disease to be scarlet fever, "whatever the doctors may say" to the contrary.

When the disease is fully formed, there is indeed very little external difference, at least upon superficial examination. The history of the case affords one diagnostic. If it occurs in a locality

where there has been no genuine case of scarlet fever, and the patient is not known to have been exposed to it—if any one of the family has had erysipelas or malignant pustule—if the rash first appears upon a limb, or the hand, the foot, in the eye, or ear, or on the face, there are strong indications of erysipelas. The sore throat, which occurs on or previous to the onset, hardly lasts more than twenty-four hours, while the rash is rather darker than in scarlet fever. Above all, the criterion of erysipelas given us by Sydenham, a stinging like that of bees, is as good now as it was in his day. I believe, also, that on minute examination, the rash will generally be found to consist in a surface of minute blisters congregated together.

In severe cases, one or more of these blisters progress to the state of pustules. They either run together and form one ulcerated surface, or one takes the lead and becomes developed into the malignant pustule, while the rest dry up and disappear. The malignant pustule may be considered as erysipelas condensed in a single point. I may name one more distinction between scarlet fever, and the cases I refer to. The former disease, as is well known, seldom occurs twice in the same individual; on the contrary, in the other disease, the person who has once had it is always more liable to it again.

Although the common locality of malignant pustule is the finger or hand, it not unfrequently takes place in the ear, and the suffering is then intense. In a former paper I have described the sensation, from my own experience, as resembling that which might be produced by a bee with a long sting extending from the pustule to the heart or stomach, while a fine iron wire heated to a red heat was boring by the side of this sting. In so sensitive a part as the ear, we may easily imagine how great the suffering must be. One treatment I have found successful in all the cases in this neighborhood. It is, to apply nitrate of silver daily upon and around the affected part—give a pill of antimony, opium, and submuriate at night, or one grain of blue pill, with half a grain of opium, for two or three nights, and a full dose of sulphate of quinine three times a day. A bread and milk poultice is also applied to the affected part.

Although these pustules generally appear after a wound, blister or abrasion of the skin, I have had ample evidence that they often arise without any such lesion, and undoubtedly from miasmatic influence upon the whole system. If erysipelas is produced by a poison in the blood, as modern authorities, I believe, allow, then malignant pustule is produced by the poison condensed in one minute point; while in diffuse inflammation, puerperal fever, &c., it may be supposed to act upon an aggregate of minute points; the poison being thrown out by the minute vessels upon a thousand minute points.

I find from Braithwaite, that Mr. P. H. Bird describes erysipe-

las "as merely an example on the skin, of that diffuse inflammation which in other tissues constitutes diffuse inflammation of the mucous membrane, diffuse phlebitis, puerperal fever—all of which have a common origin, a poison in the blood, are infectious and contagious, and may mutually produce each other." He thinks the term erysipelas should be confined to diffuse inflammation of the skin and subcutaneous cellular tissue. If so, then we want a more general term for all varieties of disease produced by erysipelatous poison, inhaled, or imbibed, or generated. Whether the term of irritative fever, employed by Dr. Butter, is suitable or not, I will not undertake to decide.

It has occurred to me of late, in observing the close resemblance between the cases described and scarlet fever, whether the former failures in the treatment of the latter disease, did not arise from its being treated by depletion and antiphlogistic regimen; whether the same treatment found beneficial in erysipelas would not be equally beneficial in scarlet fever?—nourishing diet, stimulants, and opiates. Is not scarlet fever caused by a poison in the blood, as well as erysipelas?

I find again from Braithwaite, that Mr. Meade, Senior Surgeon of the Bradford Infirmary, in a town where scarlatina has lately been frequent and fatal, describes the symptoms as in many cases bearing a close resemblance to erysipelas; and that he treated them in the same manner, with tonics and stimulants. After having employed ammonia, and the mineral acids with quinine, with success, he subsequently used the tincture of sesquichloride of iron; and this he has employed with great success in scarlet fever.

When I have employed the preparations of iron in erysipelas, I have found them less successful in this neighborhood than quinine. Many physicians, I know, place great confidence in iron. Different constitutions and different localities require, of course, different treatment. Whatever may be thought of the expediency of commencing at once a stimulating course in scarlet fever, I feel confident that a generous diet and stimulating treatment is required during convalescence; and I believe that thereby the formidable sequelæ may be avoided.

In the cases I have alluded to, whether they are called erysipelas, irritative fever, *aut quocunque alio nomine*, it is necessary to continue the quinine for some length of time. Otherwise, as soon as the quinine is abandoned the disease returns, unless the patient changes his residence.

February 15, 1859.

VARICOCELE—CLINICAL LECTURE OF M. NELATON.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Some of your readers may be pleased to know the views of this surgeon, who, having been attached for many years to the Military School of St. Cyr, was enabled to examine several cases of varicocele, and was induced to believe that this affection, though by no means rare, is neither well understood nor suitably treated—that errors are found in all the surgical works mentioning the subject—that the general causes to which its formation is attributed are wrongly stated, and really have no bearing in the matter.

Among the causes which our classical writers have much insisted on are found the three following:—hernia, with its consequent treatment, the truss; abdominal tumors; constipation.

If one examines the period of life when the varicocele is most frequently seen, namely, from the 16th to the 20th year, instantly he has a negation of the causes mentioned above, and considered the more predisposing agents in the malady.

Firstly, hernia is very rare at that age. M. Malgaigne, in 300 cases occurring between the ages of 10 and 40 years, finds only 26 cases between the 10th and 20th year.

Secondly, abdominal tumors are excessively rare in young subjects, especially at that period when you encounter the varicocele.

Thirdly, constipation. Young subjects are but rarely found who labor under this affection to a degree which, by its obstinacy, could be sufficient to produce a compression on the spermatic vein, and form the varicocele.

Again, hernia is much more frequent at the right than the left side—whereas varicocele is found almost constantly at the left.

From the autopsies which M. Nélaton has made, he proves that when a varicocele exists, the spermatic vein is tortuous, knotted and dilated throughout its course in the abdominal cavity; the hernial sac or the truss pressing upon the vein would cause the dilatation of the vessel below the inguinal ring only, and not within the cavity of the abdomen.

Anatomy has furnished a *supposed* solution of this abnormal condition, and to the question why is the varicocele most frequently found in the left spermatic vein, has given a plausible explanation by referring to the anatomical disposition of the vein, and the manner in which it joins the large trunk into which it pours its contents.

The right spermatic vein, near its junction with the ascending vena cava, pursues a direction nearly similar to that of the larger vessel, and by a gradual approach joins it at an acute angle, the two currents readily uniting and flowing onward without obstruction.

The left, on the contrary, it is stated, joins the emulgent renal

vein at a right angle, thus in a direction perpendicular to the current of blood coming from the kidney—a current considerably larger and moving with greater force. From this it appears that the spermatic vein is unable to empty its contents into the renal, in consequence of which is formed the varicocele.

This, however, is not true; the left spermatic vein does not enter the renal vein in a direction perpendicular to the latter, but bending outward from its course turns again inward, describing a double curve on itself, and falls into the renal vein, forming an acute angle, as the right spermatic in its junction with the vena cava.

Another reason assigned for the frequency of varicocele in the left spermatic vein is its greater proportional length. This may be disproved by the fact that a varicosed condition of the spermatic is not more common in tall men than in those of medium stature, though naturally we should find the veins longer in the former class.

The evil consequences of varicocele have been much overrated. Many authors state an atrophy of the testicle follows the varicosed condition of the vein. This is not by any means proved. To judge properly of the question, one should have ascertained that the subject was endowed with equal health and strength in each testicle before the appearance of the varix—and that after its advent the testicle had diminished.

That you find the testicle smaller when a varicocele exists, is at times true. But this is owing neither to a diminution in the testicle, nor an arrest in its development; the fact that the gland is small here, does not depend on the pre-existence of the varicocele, but they coexist accidentally. Nor because the testicle is small, can you judge that its power of secretion is less than its fellow gland; not unfrequently will you find a considerable difference in the weight of these glands, though their mutual functions are equally performed.

M. Nélaton thinks varicocele an affection whose cause is unknown—usually found in youth and rare in old age—that it disappears as man matures, and that the smaller ones are the most painful.

His treatment is determined by the facts, that they generally exist without pain, do not cause much inconvenience, that they *do not* cause an atrophy of the testicle nor any loss of its power, and that they disappear with maturity. He therefore insists on a palliative treatment—in ordinary cases, the use of a suspensory bandage; when considerable inconvenience arises, you may swathe the scrotum, thus supporting and compressing moderately the vessel, similarly to the elastic stocking for varicose veins of the leg—and only operating as the last measure in those cases where the pain is insupportable.

Yours, with respect,

Paris, January 29, 1859.

HALL CURTIS.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 10th.—*Tumor of the Humerus.* Case reported by Dr. CABOT.

"C. F., aged 50, Irish, married, was employed at the gas-works. About a year since, he complained of pain in the right shoulder. Dr. ELLIS examined him, but was unable to detect any enlargement or other irregularity in the part. Soon after, he went to Ireland, and about the time of his arrival there observed a swelling in the affected shoulder, which continued constantly to increase until I saw him on Dec. 9th. At that time he was suffering great pain, so that he got but little relief; he was kept awake, and his general health deteriorated.

"He is thin, has a suffering and anxious expression of countenance. The right shoulder is much enlarged to below the insertion of the deltoid muscle; the skin over it is tense, thin, very slightly movable, mottled with reddish spots, probably from irritating applications. There is slight motion between the head of the bone and the scapula, and an indurated mass can be felt in the axilla, extending toward the trunk. There are some spots on the outward aspect of the tumor, somewhat yielding, though generally it is quite firm to the touch; it is not very tender. The patient was advised to enter the Hospital, and that his only chance was by amputation at the shoulder-joint. He could not, however, make up his mind to so serious an operation at the time, and did not enter the Hospital until Dec. 18th. Upon a consultation with the surgeons of the Institution, amputation was decided on as the only alternative to a painful death.

"After having thoroughly etherized the patient, an incision was made from the posterior angle of the acromion, in a curve extending nearly to the insertion of the deltoid, and terminating at the edge of the axilla; the posterior incision was carried from the commencement of the first in line, with a slight downward convexity to meet the other, leaving the skin immediately over the artery uncut; the large anterior flap was dissected up, necessarily very thin, as the disease reached to the under surface of the skin. The joint was exposed and opened from above, the attachments divided, and the vessels secured. It was found that the disease had extended over the joint, and that a large mass of disease was attached around the glenoid cavity and extended in a plate along the side of the thorax, though not adherent to it. The soft parts having been dissected up and turned back upon the shoulder, a portion of the scapula, including the glenoid cavity, a couple of inches of the acromion and the coracoid process, with a small portion of the clavicle, were sawed off, and the mass dissected out. It was necessary to tie the axillary artery again just below the clavicle; some other small arteries also required ligatures. Only a small quantity of blood was lost, but nevertheless the patient was several times, during the operation, in a very critical state, the pulse and respiration becoming suspended, and the face ghastly. After being put to bed, the pulse remained for a long time very small and weak, almost imperceptible; indeed, notwithstanding a free use of stimulants, opiates, &c., it was not until the third day that his condition became at all encouraging. At that time, however, he had a strong pulse, a good appetite, took with considerable relish beef-tea and other nourishing food, and a large slough was

being thrown off, with a good line of demarcation. This favorable state lasted until Dec. 24th, when his pulse began to fail, became very frequent, and on the 26th he died, having lived a little more than a week.

"Dr. Ellis made a microscopical and anatomical examination of the parts, of which the following is the report.

"The growth was five or six inches in length, and three and a half in thickness at the thickest part. It extended upward around the joint and beneath the coracoid and acromion processes. Attached to the glenoid cavity was a fragment of the scapula, three inches in length. None of the bones above the humerus were affected, the diseased mass lying in contact with them being merely a prolongation of the tumor upward. The head of the humerus retained its shape, but was soft and compressible, owing to the substitution of the morbid growth, which entirely occupied the place of the bone for more than an inch below. About four inches from the head was a fracture, or separation, resulting from absorption, the small conical upper fragment being firmly attached to the diseased mass.

"The substance of the tumor was of moderate consistence, of a whitish color, glistening, and more brittle and tenacious than ordinary encephaloid.

"Examined microscopically, it had an indistinct fibroid appearance, and contained a large number of corpuscles of various sizes, and more or less granular. Their average size was perhaps that of a pus corpuscle, but many were much smaller. There were also seen slender elongated bodies, without any decided character, and almost too irregular to be called fusiform.

JAN. 24th.—*Stones introduced into the Bladder.* The case was reported by a medical gentleman who was present, by invitation, at the meeting of the Society. Last December he was called to the patient, who was a respectable married woman about 35 years of age. Her general health was good, and her propensities were in no way remarkable, so far as he was aware. For some weeks she had had urinary symptoms, which had then become very severe. The catheter was used for some time; much blood and muco-purulent matter was mixed with the urine, and the whole was very offensive; the pain also being exceedingly severe, with a nearly constant desire to pass urine. She was, however, able to do her house-work. Shortly after he began his attendance, the Doctor felt a stone with the catheter, and, by a little management, was able to push it with his finger through the urethra; the patient had told him that she suspected its presence. Another stone was soon felt, and the forceps were required for its removal. This last, which was shown to the Society, measures three fourths of an inch in length, about one third of an inch in diameter, was smooth upon the surface, and, having been examined by Dr. John Bacon, had been pronounced to be "a rolled pebble of argillaceous rock." The first stone was not so long as this last. In January, the Doctor forced out a third stone, which seemed to be lying in the urethra near its entrance into the bladder; this was not so long, but larger in diameter than the second. Since then a fourth, of a triangular form, has been passed; her sufferings during the whole of this time having been very severe. One or two years ago, she first began these practices, so far as the Doctor is aware; and she was about to have a stone removed when it was discharged. The symptoms, which had been quite

urgent, were considerably relieved, but she has continued to suffer more or less from that time. Altogether, five stones have been discharged, and the Doctor thinks that they were all of the same kind; the patient, however, has contrived to have them mislaid, so that he has only been able to get the one that he showed to the Society.

[Since the above report was made, the Doctor states that he informed his patient of the result of Dr. Bacon's examination and of the inference to be drawn; but, in the strongest terms of injured innocence (as usual in such cases), she indignantly denied the charge of having introduced the stones. Seeing, however, that the Doctor stood his ground, she at last acknowledged the fact, and assigned as a reason for what she had done, domestic troubles and an intention of suicide.]

Bibliographical Notices.

A Treatise on Human Physiology; designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, &c. With two hundred and fifty-four illustrations. Philadelphia: Blanchard & Lea. 1859. 8vo., Pp. 608.

DR. DALTON's book deserves, and will in due time, doubtless, receive a thorough examination at the hands of reviewers with space and leisure enough to do it justice.

This cannot be done briefly, because there is so much that is new in its pages of which some account must be given, and there are so many questions raised which must be examined in order to pronounce a well-founded opinion upon them. We propose nothing more than a glance at the qualifications of the author, the character of the work, the spirit in which it is conceived, the manner in which it is executed, and the tendency it indicates considered as an expression of the movement going on in the science of which it treats.

Dr. Dalton is one of the few native teachers of physiology who have made the discovery that an American has eyes, hands, organs, dimensions, senses, as well as a German or a Frenchman. He actually examines the phenomena he describes as they exist in Nature! He positively makes drawings from the real object he is speaking of, instead of appropriating a woodcut which was made, we will say in Germany, borrowed by an Englishman, reproduced in a cis-Atlantic reprint, and borrowed again by so many subsequent publications that we know it as well as the face of General Washington, and the trans-migrations of Indus are as nothing to its reappearances! It is a miracle. Our former idea of a "Professor" used to be as of a wandering personage, lean as an Arab, provisioned like him with a little parcel of dried fruit—such as Science furnishes—and to be found at this or that scientific stand during the season—of lectures—as "Ethan Allen" or "Black Hawk" may be heard of at this or that stable by those interested. A very respectable occupation, this, of peddling the dry fruits of science! Let him who has not meddled with it, cast the first stone—we desire to throw no missiles. It may be well done or ill done; and when a teacher has the talent for doing it well—when he is

tolerably acquainted with the facts of his special department, can arrange them clearly, can eliminate the trivialities with which all special knowledge tends to clog itself, can say what he knows in good English and in a pleasant way, so as to keep the attention of his class, it is an act of as wanton cruelty to decry him as it would be to upset an old woman's apple-and-candy stand because she did not manufacture her goods or import them in the original packages.

Dr. Dalton, however, is not one of that kind. He belongs to a much rarer species of the genus "*Professor Americanus*." We remember him in these parts as a student who had a particular fancy for seeing and examining for himself, with a very clever handling of the pencil, too, which promised to be of service by-and-by. Then a young practitioner, in cholera times, doing good offices, of which record may be found in that excellent Report of Dr. H. G. Clark's, to which he contributed the *post-mortem* examinations. Then by-and-by a Professor, more or less peripatetic, but not subsisting on scientific dried fruit in his travellings and sojournings; on the contrary, always pulling down some bough of the tree of knowledge and showing his hands full of its juicy growths. Then tilting in the great national tourney (for the knights of the Lancet), and carrying off the first prize ever awarded (if our partial memory may be trusted) by the Association which embraces the medical wisdom of the heart of our hemisphere. At last fighting his way up, by sheer force of talent and labor, to a place in that venerable and dignified medical institution of our greatest city, where he now holds a place, eminent among colleagues who are known and respected throughout the land.

The work is, in its general character, just such as might be expected from the man. It is a classified record of facts—of the phenomena which belong to the living state. Not much time is given to hypothesis, but whatever is saved by this economy is used in the exposition of what is positively known. Neither is it only what is received as truth, but everywhere we can see the eye, the hand, the microscope, the test, the balance, trying the received opinion, which is weighed before it is adopted. It contains also many of those very interesting and important results which have been given to the world in other forms as the result of Dr. Dalton's ingenious and patient original investigations. The experiments on digestion and the properties of the fluids concerned in it, studied in animals made the subjects of artificial fistula; his very interesting researches on the corpus luteum, first made known in the Prize Essay referred to, will be found condensed in this more general work. Let us not forget the large number of illustrations, almost all of them from his own pencil, which make the sight of his pages so refreshing after those old woodcuts referred to, which have gone harlotting up and down our parasitical pages until they are only fit for the printer's house of correction as common type-walkers. Some of these new illustrations are particularly good—such, for instance, as the diagram of the circulation, on the 264th page.

The style of Dr. Dalton is so well adapted to the subject, that we would particularly commend it to the student whose taste has been vitiated by the verbiage and tinsel rhetoric of the lecture-room—in former years—for there is evidence that great abuses of the very respectable vernacular tongue we inherit, were once largely prevalent in some of these localities. It is a great deal better to use plain Eng-

lish with Dr. Dalton—straight-forward simple language—to clothe the naked facts of science. The gastric follicles can dispense with imaginative descriptions. We do not fancy a burst of uterine eloquence, nor think it necessary, because *placenta* means a cake, that this organ should be frosted over with ornamental epithets. An observer like Dr. Dalton rarely falls into this error; he wants a hundred eyes, but only a single tongue. The extinct species of lecturer referred to, was a cyclop so far as organs for seeing into nature were concerned, but it seemed as if he had a hundred tongues to dilute a minimum of knowledge into a maximum of expression. We emphatically recommend Dr. Dalton to the surviving students of that generation; they will find his style the best of tonics after their debilitating regimen.

The tendency of physiology, as shown in this work, which may be considered as a good index of its movement, is more and more in the direction of observation and away from speculative discussion. The microscope furnishes a vast basis of positive anatomical data, which, in the days of Haller, or of Bostock, even, were represented only by a mass of conflicting statements, depending on the imperfection of instruments and the chromatic aberrations of the observer's fancy. Chemistry, with all its imperfections and changes in nomenclature, and periodical upheavals, has yet added some important facts to physiology, and many convenient terms for the expression of our ignorance. The *catalytic* action, for instance, is largely invoked to account for many of those changes, of which all that we know is that they happen in the living body, and in certain parts of the living body, and nowhere else. Dr. Dalton is himself practically acquainted with organic chemistry, which can be said of few physiologists.

We may particularly recommend to the student the Lecture on Reproduction. Nowhere are clear description and good illustrations more necessary than in the exposition of this difficult branch of physiological study. Great care has evidently been taken in writing this section, which contains many new and interesting observations, and is illustrated with ingenious diagrams and figures of embryonic growths from the author's private collection.

A book of genuine merit like this deserves hearty praise before subjecting it to any minute criticism. We are not prepared to find any fault with its design or execution, until we have had more time to appreciate its merits as a manual for daily consultation, and to weigh its statements and conclusions more deliberately. Its excellences we are sure of; its defects we have yet to discover. It is a work highly honorable to its author; to his talents, his industry, his training; to the Institution with which he is connected, and to American Science.

The Microscope and its Application to Practical Medicine. By LIONEL BEALE, M.B., F.R.S., &c. Second Edition, with 270 wood cuts and a colored plate. London: John Churchill. 1858. 8vo. Pp. 390.

THE above work supplies a want which the student has long felt, that of a comprehensive, and, at the same time, compendious treatise upon the application of the microscope to practical medicine. In the first chapter are described and figured the microscope and all accessories necessary for the preparation and preservation of objects.

The advice with regard to the kind of microscope most suitable for ordinary use, is very judicious. It is undoubtedly true, as Bennett

says, that "a very imposing mass of brass work and mechanical complexity is no guarantee that you will see objects better, or, what is of more consequence, become good observers. On the contrary, the more unwieldy the instrument, the less disposed will you be to use it. Nothing indeed can be more amusing than to see a man twisting his screws, pushing his heavy awkward stage about, and laboriously wasting time to find a minute object, which another can do in a moment, and without fatigue, by the simple use of his fingers." Simplicity is a very important requisite, but powerful lenses need not be sacrificed to it. Unless we use at times more than 215 diameters, as recommended, it is impossible to detect the real points of difference between certain objects, and in Fig. 255 we have the proof of it. Here are represented cells found in a cancerous growth, and, without admitting the existence of a specific cell, we may with safety say that there is nothing seen which has ever been regarded as characteristic of the disease. The so-called tubercle corpuscle is also too small to be recognized unless magnified much more than in Figs. 195 and 196.

At the end of the chapter is Dr. Robertson's table for the conversion of one measurement into another. This will be found very valuable, as different authors make use of the expression of measurement peculiar to their respective countries.

In the remaining chapters are to be found descriptions of various parts of the body, healthy and morbid, their preparation and preservation, the application of chemical tests, &c. &c. To enumerate all, would be to reprint the table of contents. We will, however, give a specimen of the concise, decided manner, in which the writer speaks, by quoting his remarks on pus, tubercle and cancer, the nature of which is still so much discussed that but few have any fixed opinion about them. We have here, however, in a few words, what appears to be the truth, as far as it admits of demonstration, and the author states it as if he believed it to be so.

With regard to pus he says, "the cells above referred to have been considered as characteristic of pus, and much trouble was taken in the earlier days of microscopical research, to assign definite characters to them, by which they might be distinguished from the so-called 'mucous corpuscle' and other cells which they much resemble. Such a distinction, however, cannot invariably be made, for cells agreeing in their microscopical characters with the pus globule, are not unfrequently formed upon the surface of a mucous membrane, without its functions being seriously impaired, and certainly without the occurrence of those pulmonary changes, which usually precede the formation of pus; and cells are found in the lymph, or the blood in the lymphatic glands, or the serous fluid in the interior of certain cysts, and in many other situations, which in their size, form, and general appearance, so much resemble the globules found in true pus, that it is quite impossible to assign characters by which they may be distinguished.

"At the same time, it must not be supposed that the diagnosis of pus is a matter of secondary importance; and all that is intended in introducing these observations is to impress upon the student the importance of not stating that pus has been found in any particular locality or in any particular fluid, merely because a few cells, having all the characters of a pus globule, have been observed. If, however, we find a considerable number of globules in the field of the microscope, of nearly uniform size, agreeing in general characters with the pus corpuscle,

and, upon the addition of acetic acid, exhibiting the characteristic reaction, we shall seldom be wrong in calling them pus cells. In examining the blood, in cases in which the white corpuscles are enormously increased in number, there can be no difficulty in deciding, since we have every reason to believe that pus globules could not possibly exist in the blood under the same circumstances."

In connection with tubercle, he speaks of the microscopic character only, and particularly of the so-called tubercular corpuscles which he thinks "cannot be regarded as the essential characteristic elements of the exudation, for they are not always to be made out in structures which are evidently tubercular."

Without telling us what A, B and C say of cancer, and then leaving us to decide for ourselves, he states "that no single element of which the structure is composed, can be looked upon as characteristic of true cancer. Neither the character of the cells, nor the nature of the matrix, nor the arrangement of the elementary constituents, can separately determine the point, and it is only by carefully noting the collective appearances observed upon a microscopical examination, that we shall be enabled to decide. In the great majority of cases, however, it is possible to speak with tolerable certainty; but at the same time it must be borne in mind that instances come under notice, from time to time, in which the most careful and experienced observers would be unable, from a microscopical examination, to determine the nature of the tumor."

Having thus allowed the author to speak for himself, we can only add that those interested in the microscope will find in the above work many other useful hints, for which we must refer them to the index.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 24, 1859.

THE DECAY OF PHYSICIANS.

UNDER the above title, the *Courier* of the 15th inst. has an article, the writer of which indulges in some sentimental and not unpleasing reminiscences of physicians, as he recollects them in the days of his youth, and laments that they have passed away with their generation, to be seen no more. It is natural for our memories to linger fondly around the scenes of other days, and for us to imagine that nothing so good exists at the present time. The long vista of years through which we look imparts a mellowness and beauty to the view, softening the rugged outlines, concealing much that was painful, and enhancing what was pleasing. As we recall the venerable features, the kind manners, the upright character, the widely-acknowledged professional ability of the village doctor, who perhaps ushered us into the world, and who ever stood ready to help and to save, in all our sicknesses, through half our life-time, we are apt to think that such a combination of wisdom and goodness is no longer to be found. So will our children look back with fond regret to the present time, and

remembering with love and respect many a practitioner now among the living, believe that the race of good physicians died out with him.

But is this so? Have medical men degenerated, either in moral character or professional skill, in these latter days? If they have, there must be something in the study or the practice of the science which makes it a remarkable exception to all others—which tends to keep it stationary, while all the rest of the world improves. In what respect are physicians of the present day inferior to those of the past? Certainly not in worth, respectability, integrity, humanity. We defy any one to point out a body of men to whom, on the whole, these epithets can be more justly applied than to the members of the medical profession of the present day. Their daily walk is one which almost necessarily tends to develop all that is best in the character. They enter on the study of their profession with the knowledge that their life is to be one of toil and self-sacrifice, and with the prospect of earning a bare competency only. Their time is at the disposal of others, their hours of relaxation are few and brief, their nightly repose constantly liable to interruption. Their avocations bring them in contact with the suffering, the destitute, the dying. Is this the kind of employment which makes men selfish, mercenary, immoral, inhuman? We indignantly deny that, in respect to character and worth, physicians of the present day are one whit inferior to their predecessors.

In point of professional skill, in the ability to treat and cure disease, if the present generation of medical men are not superior to their fathers, we may as well shut up our schools, burn our books, and ignore all the vast stores of knowledge which have so rapidly advanced the practical utility of medicine during the last fifty years. It would be a most remarkable fact if we could not treat diseases better, cure them more quickly, and above all, prevent them more effectually, than our ancestors. The physician of the preceding generation, especially the "country doctor," who seems chiefly to be present to the mind of the writer in the *Courier*, however much he might be able to rely on a natural sagacity in the treatment of disease, was comparatively little aided by science. Medicine, as taught in those days, was more the result of theory than of observation. The opinions of great masters were taken for granted, and their practice was followed blindly, while few thought of verifying their conclusions by diligent inquiry into facts. Auscultation was unknown to our fathers. Phthisis, pneumonia, bronchitis and pleurisy were hardly to be distinguished from each other, and for one and all, the treatment was pretty much the same—bleeding, blistering, vomiting, purging, salivation. Verily, if the old doctor did not give "brown-bread pills" (what evidence, by the way, have we that he did not?) he gave enough blue ones. There have been as great improvements in the practice of medicine within the last fifty years, as in that of any other profession. The youngest physician of the present day is wiser, in some respects, than the most experienced practitioner of the preceding generation. And medicine is still advancing; we do not mean merely in the knowledge of the nature and causes of diseases, but, what flows directly from this, in the means of prevention and cure; and we may hope, we may be sure, that future generations will be longer-lived and more healthy than the present, just as the present most undeniably is superior in these respects to the past.

The *Courier* considers quackery to be the main cause of the pretended degeneracy of medical men of the present day. True it is, there are quacks enough in medicine, but they are the consequence, and not the cause, of the imperfections which medicine shares in common with the other inexact sciences. So long as the world exists, there will continue to be quacks in medicine, as in politics, commerce or agriculture : but in proportion as these sciences improve in exactness, will quackery diminish. The writer in the *Courier* admits that there are already evident signs of the decay of medical charlatanism. Patent medicines are not so profitable as they used to be ; and as one delusion after another is exposed to the derision of the public, a lesson is taught, which, after many repetitions, brings forth fruit. The success of quacks is vastly overrated ; few of them flourish beyond a brief period, while the small number who reap a rich harvest from the credulity of the public are supposed to be a sample of the rest. It is true, quackery must continue to exist, but its influence will be less felt in proportion as the sciences are perfected, and knowledge extended.

FRACTURE OF THE NECK OF THE SCAPULA.

IN our notice, last week, of Dr. Packard's translation of Malgaigne's Treatise on Fractures, we took occasion to refer to the subject of fracture of the neck of the scapula. In referring to the Cyclopædia of Practical Surgery, for another purpose, we came unexpectedly upon the following statements in the article on Fractures, written by T. Wilkinson King. Their importance, and the comparative rarity of the work in which they occur, we believe will warrant their quotation.

" Mr. Greenwood, of Horselydown, informs me that some years ago an instance of fracture of the neck of the scapula, in which both himself and Astley Cooper were interested, was supposed to have occurred in the case of an old man, who survived the injury six or seven years. The original symptoms were those which are still commonly thought to characterize fracture of the neck of the scapula, and Sir Astley Cooper dissected and removed the parts ; but both himself and Mr. Greenwood were fully satisfied that there was no injury to the scapula, and that the principal lesion was a fracture separating a segment of the head of the humerus, which was displaced from the cavity of the joint and lay near the venter of the scapula. Mr. Greenwood also informs me, that he distinctly understood Sir A. Cooper to say that this observation *materially altered his opinion concerning the cases usually considered as fractures of the cervix scapulæ.*"

The above case constituted one of the observations contained in the second edition of Sir A. Cooper's work as illustrative of this accident.

Mr. King, in another part of the article referred to, says, " the nearest approach to this imaginary injury that I have seen, was in a general crush of the body of the scapula, where a line of fracture separated the notch and neck of the bone from the broken body, so that, even here, it might be said that the neck itself was the only part that had escaped. Crepitus was not felt on pressing its processes and rotating the humerus ; the roundness of the shoulder was not lost."

This case was under the care of, and dissected by, Mr. Cook and Mr. Hilton.

In another place, Mr. King further says, " Taking a sound scapula and marking out the zigzag lines and oblique planes which a fracture of the neck must describe, and considering the extremely limited di-

rections in which violence can reach the neck, I entirely discard the possibility of the fracture's occurrence as a simple injury."

THE "NEW" SYDENHAM SOCIETY.

WE observe that the organization and progress of this Association has been duly announced, not only in the English medical journals, but also in many upon our side of the Atlantic. In previous numbers of this JOURNAL, we have written, at some length, upon the productions and of the dissolution of the original Society. Great interest was taken in the United States in its success; and regret was manifested that it should, at last, by the force of circumstances, be necessarily dissolved. Most of its publications, as we long since stated, are of undoubted and well appreciated value; and such as no physician who wishes good books of reference, and excellent editions of standard medical works, would willingly be without. For our own part, we are glad that we can boast of the presence of the entire set of volumes upon our shelves—and we may add that they have not been *shelved* only, but often consulted with advantage.

It has for some time been a matter of surprise to us that no more efficient steps have yet been taken to establish a branch agency for the publications of the "New" Society in this city. We believe that steps have been taken in other cities of our country to supply the profession with the volumes which are already announced as on the eve of publication, and some of which, we conclude, must by this time be issued. Such works as have been announced, would be sure to receive a hearty welcome amongst us. For instance, we observe the titles of the following valuable books announced in the English journals:—Diday on Hereditary Syphilis; Selected Memoirs on Diphtheria—the authors being Bretonneau, Buchut, Daviot and Trousseau; Kussmaul and Tenner on the Effects of Profuse Bleeding upon the Nervous System; Wagner on Resection of Bones and Joints; Graefe on Iridectomy in the Treatment of Glaucoma and Recurring Iritis; Schroeder van der Kolk on the Nervous System; and the celebrated work of Dr. Gooch.

We have several times spoken with Dr. Salter, of this city—the very efficient "Local Secretary" of "The Sydenham Society" for this section of the country—in relation to the new organization; and have inquired whether anything had been done to secure to medical men here, the advantages which it offers. Dr. Salter's official duties of course ceased with the dissolution of the original Society, but he has manifested his interest in the new one, by writing to the former chief Secretary, Dr. Bennett—and we believe more than once—in relation to the matter. As yet, we learn nothing satisfactory as to any arrangement in regard to supplying us with these publications, which promise so much for such a comparatively small outlay of money. Dr. Bennett's functions, it is true, ceased at the same time with Dr. Salter's, and he possibly has felt a modesty in making himself at all prominent—even in the matter of giving information. We may also say that Dr. Salter made the inquiries to which we have above referred, without the slightest idea of being in any official way connected with the new Society—indeed, he has intimated to us his intention of not being so situated even were he asked to continue in office. This resolution we regret, since all who have subscribed for the Sydenham publications must have been struck, in common with ourselves, with

the fidelity, promptness and efficiency with which he performed all his duties as "Local Secretary"—often, to our knowledge, much to his own personal inconvenience and expense. We would suggest to Mr. Jonathan Hutchinson, of London, that he could not secure the services of a worthier, a more active, or a more reliable agent than Dr. Salter—provided that gentleman would allow himself to be persuaded to continue in the capacity of "Local Secretary." We look with interest for the announcement of the plan of operations for the diffusion of the New Society's publications in this quarter of the world.

DR. MATTISON.

WE print the following letters, received since our remarks in the JOURNAL of the 3d inst. respecting Dr. Mattison's advertisement.

"Centreville, R. I., Feb. 4, 1859.

"MESSRS. EDITORS,—In reference to your remarks in the JOURNAL of yesterday, under the head "Impudent Fraud," I would say my father's name is published to the certificate of this Mattison without his consent, and I have heard Rev. Jonathan Brayton say the same in reference to his name. My father has no confidence in him as a physician or as a man, and would long ago have published the facts in the case, were it not for giving Mattison a kind of notoriety that he seems to desire.

Yours respectfully, M. FIFIELD, Jr."

"Providence, R. I., Feb. 4, 1859.

"MESSRS. EDITORS,—Our names were never given to Dr. Mattison to be used in any way relating to the object and purport of his advertisement and circulars alluded to in the Boston Medical and Surgical Journal of the 3d inst.

LEWIS L. MILLER, M.D.

USHER PARSONS, M.D.

DAVID SMITH, M.D."

NEW YORK STATE MEDICAL SOCIETY.

WE are gratified to learn that Dr. DURKEE, of this city, has lately been elected an honorary member of the New York State Medical Society. The honor is well merited, and the recipient may also congratulate himself upon being united with a scientific body which has long manifested the most commendable zeal and activity in advancing the knowledge and interests of our profession.

Dr. J. DELAMATER, formerly a resident in Berkshire County, Mass., and now a venerable and highly-respected Professor in the Medical College at Cleveland, Ohio, received an honorary degree from the New York Society at the same time with our friend Dr. Durkee.

DIPHTHERIA.

THERE have been but few cases of this disease in this city, although it has prevailed extensively in some of the neighboring towns, particularly in Essex County, we are told. We copy the following in reference to the disease, from the *Providence Journal*.

"This disease, a few cases of which occurred in this city last fall, is attracting considerable attention in some portions of the country. In California, it has prevailed extensively, and we are informed that some of the most valuable articles upon the subject have appeared in the medical publications of that new State. These we have not seen.

"In this portion of the country, the only place, so far as we have heard, in which it has assumed a distinctly epidemic character, is Albany, N. Y.

"Dr. Sylvester D. Willard, of that city, has, with much trouble, collected the facts in relation to this epidemic, which he has presented in a paper read before the New York State Medical Society, at a recent meeting. It seems that the first case of diphtheria occurred in Albany as early as the 2d of April, 1858, and a second case on the 20th of the same month. No cases were reported during the month of May. It appeared again in June, and increased slowly, there being but few cases until September, when it began to assume an epidemic character. It had not entirely disappeared at the beginning of the present month. Its greatest severity was in October and November last.

"The disease seems to have been very severe and fatal, as in the city of Albany, with a population of about 60,000, there were 167 deaths, the greater portion of which occurred during the four months, September to December, inclusive. Besides this number in the city, nine more, without the city limits, are included in the statistics reported by Dr. Willard. Of the whole number, only three were adults, the remainder being children mostly under twelve years of age. In thirteen families, there were *two* deaths in each; in three families, there were *three* deaths in each; and in one family there were *four* deaths. The deaths of females were about one third more than of males.

"It seems that one portion of the city suffered more from the disease than the other portions; but no satisfactory connection was traced between the disease and any local causes.

"During the fall there was a general prevalence of sore throat among adults, in Albany. The disease in adults was mild, and required very little, if any treatment, though Dr. Willard supposed it might have been caused by the same zymotic influence that caused the diphtheria. Dr. W. supposes that there were 2000 cases of this sore throat in the city; and *not* 2000 cases of diphtheria, as has been erroneously stated in the papers.

"We shall look with interest for the publication, in full, of the paper read by Dr. Willard."

THE Catalogue of the Jefferson Medical College, of this city, contains 570 names. The other colleges have not yet issued theirs, but we learn that the matriculating list of the Medical Department of the University is 410, of the Medical Department of Pennsylvania College about 130, and of the Philadelphia College about 100.—*Philadelphia Medical and Surgical Reporter*.

American Enterprise.—A Yankee physician, named Bates, from Ashfield, Massachusetts, has established himself successfully in practice at Kakocandi, Japan.—*London Lancet*.

Health of the City.—The mortality of Boston for the last two weeks has undergone remarkable fluctuations, varying from 44 to 76. Both these figures are low for the season, the former unprecedentedly so; two years ago, at this season, we were having almost as many deaths from scarlatina alone in a single week. Of the 76 deaths last week, 35, or nearly one half, were of children under 5 years of age. The number of deaths for the corresponding week of 1858 was 67, of which 19 were from consumption and 1 from pneumonia.

Communications Received.—Tobacco Smoke in Hydrophobia.—Tape Worm.—Puerperal Convulsions.—Palmer's "Artificial Leg."

MARRIED.—In this city, 16th inst., Dr. Arthur Harris Cowdrey, of Stow, to Miss Mary Wolcott Emery, of Boston.—At Malden, 15th inst., Dr. John L. Sullivan to Miss Helen Lynde.—At Maquon, Ill., Jan. 29th, Dr. R. F. Stratton to Miss Cornelia J. Langley.

DIED.—At Richmond, Va., Thomas Johnson, M.D., Professor of Anatomy in the University of Virginia.

Deaths in Boston for the week ending Saturday noon, February 19th, 76. Males, 44—Females, 32.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 2—cancer (in the eye), 1—consumption, 20—convulsions, 4—dysentery, 1—diarrhoea, 1—dropsy in the head, 6—infantile diseases, 6—puerperal, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 3—intemperance, 2—inflammation of the lungs, 7—marasmus, 1—measles, 1—old age, 1—palsy, 2—premature birth, 1—purpura, 1—teething, 2—tumor (ovarian), 1—unknown, 1—whooping cough, 3.

Under 5 years, 37—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 56—Ireland, 16—other places, 4.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX.

THURSDAY, MARCH 3, 1859.

No. 5.

LEUKOSIN.

A NEW SUBSTANCE FOUND IN THE BLOOD OF LEUKAMIA. ALSO A DESCRIPTION OF
ANOTHER CRYSTALLINE BODY FOUND IN THE VOMITUS.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY JAMES C. WHITE, M.D.

DURING the present winter two cases of leukämia, or leucocythemia, have been observed in this city. One of these has been fully reported to a meeting of the Medical Improvement Society by Dr. H. J. Bigelow. The second occurred at the Massachusetts General Hospital, under the care of Dr. H. I. Bowditch, and will be noticed by him at a future meeting of the same Society. Dr. Ellis made the *post-mortem* examination in this latter case, and gave me the blood to analyze. Leaving to him, therefore, the complete description of its pathological condition, which corresponds exactly to that usually met with in this disease, I shall confine my remarks merely to the chemical changes noticed in this and similar instances.

As long ago as 1845, Rudolph Virchow examined a body and found the liver, spleen and lymphatic glands enlarged, and at the same time the blood changed in a manner, being composed, in fact, to a large extent, of the colorless corpuscles. With that admirable sagacity peculiar to the man, he saw at once that this was something very different from those cases described as pyæmia by previous observers, and, to distinguish it, called the disease leukämia. During the next four years he discovered three other cases, which he published from time to time, and in which he insisted upon this unnoticed connection between the enlargement of the blood-glands and the characteristic excess of white corpuscles in the blood, urging the German physicians to increased attention to this disease. It was likewise in 1845 that Bennett observed and described "a case of hypertrophy of the spleen and liver, in which death took place from suppuration of the blood." Of the real nature of this case, however, he was so profoundly unsuspicious that he even labored

to deny the true theory of the disease, and said, "with regard to the colorless corpuscles of the blood, we know of no instance where they existed in the amount, or presented the appearance described." It was not till six years afterward, during which time Virchow had been deeply engaged in observing and publishing facts which corroborated his original opinion, and not until his views had been generally recognized and adopted, throughout Germany at least, that Bennett appears in public, and describes this same disease, in an analysis of cases, under the name leucocythemia. He would have us give up the original name of leukämia, or "white blood," which should always remain associated with the labors of the great discoverer of the disease, because, he says, the blood, when drawn from the arm, is not white, and adopt the name leucocythemia, or white-cell blood.

Now Virchow objects to any such change, because the blood, after death, is really marked by white patches, and Bennett's name is equally a misnomer, inasmuch as cases occur where no white cells are found, and only nuclei or naked kernels are present. The objection can also be raised against it that all normal blood is white-cell blood. The name leukämia was in fact first given in order to prove that blood may have a yellowish-white appearance, like pus, without being pus. When, then, all the credit of the discovery of this disease is given to Bennett, we cannot wonder that Virchow writes as follows: "It is very strange that there is still any question as to priority. When one has been obliged for more than four years, without support, and almost without recognition, both to write and to speak over and over again for the introduction of a new truth in pathology; when one has been obliged from the very first to deny the suppurative character of this change in the blood, in opposition to the views of well-known observers, and especially Bennett, it might seem that the matter was clear enough." With the Dublin *Medical Press*, he wonders, then, at "this free and easy appropriation of other men's intellectual products." Let us, then, not rob this greatest of modern pathologists, to whom we owe so much, of the smallest mite of merit so justly due him.

The chemical analysis of the blood is, under the most favorable and normal conditions, a difficult and unsatisfactory matter; for authorities still differ as to what is serum and what plasma, and different chemists give us quite different results. It is with much circumspection, then, that we should receive the quantitative analysis quoted by Bennett in his monograph on this disease; for very little blood could be drawn from the patients while living, and after death the relative proportions of the fluid and solid properties change rapidly. Moreover, but few examinations have been made, too few for us to draw from them any just conclusion. We may, however, safely infer from the light specific gravity uniformly observed (ranging from 1036 to 1049, while the average of nor-

mal blood is 1055), that the volume of *water* is increased, and the solid matter diminished. This at first sight seems hardly probable, when we remember the enormous amount of coagula found distending the heart and vessels after death, but at the same time it proves that the colorless corpuscles must contain a relatively trifling amount of solid matter. With the decrease of the red corpuscles the *iron* is also found to be proportionally diminished. According to the analysis quoted by Bennett, the *fibrine* in this disease is considerably increased; but more reliable investigations show that this substance, as well as the *albumen* and the *salts* of the serum, remain in their relatively normal proportion.

By far the best analysis yet made of the blood in leukæmia is that of Scherer, who had previously discovered the presence of hypoanthin in the spleen. He obtained the following results from the examination of the blood of a subject dissected by Virchow himself.

Quantitative.

Water,	791.7			
Solid matter,	208.3	{ Organic constituents, 197.300		
		{ Inorganic " 11.084		
		{ Iron, 0.298		
		{ Earthy phosphates, 0.598		

Submitting it to a thorough investigation, he made the interesting discovery that formic, lactic and acetic acids were present, together with hypoanthin and gluten. Hypoanthin is a substance closely allied to zanthic oxyd and uric acid, and its presence in the blood in connection with the frequent urinary deposit of the latter in this disease is well worthy of note, and may prove a valuable diagnostic sign. It is with reference to these important discoveries of Scherer that I have brought this subject before the Society, in order to make known the presence of another new principle in the blood of leukæmia.

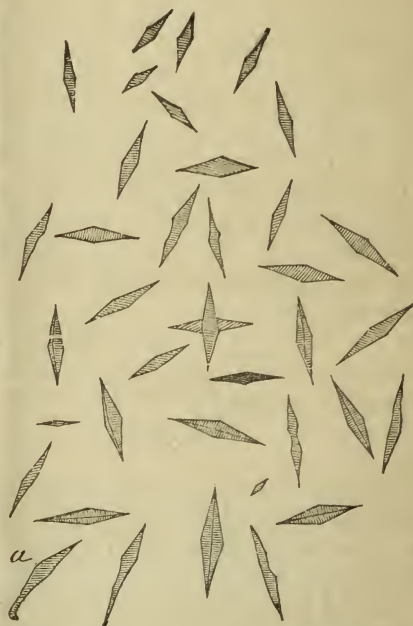
The specimen given me for examination was of a dirty reddish-brown color, and had a conserve-like density, the upper parts of the coagula being in spots marked by white concretions of the colorless corpuscles. It was very slightly acid, and had a fishy odor, although no decomposition had taken place. On microscopic examination, in addition to the usual appearance of red and colorless corpuscles, &c., numerous minute crystals were noticed, such as I had never seen before. In the blood removed from the cavities of the heart, the large vessels, and from the spleen, they were very abundant, while the portal circulation contained fewer. In a large exudation, or abscess, situated in the cellular tissue beneath the left axilla, none were observed, although in other respects its microscopic characteristics closely resembled those of the blood. The crystals, unfortunately, are of the same specific weight as the white corpuscles, and therefore cannot be isolated for a separate analysis.

They are colorless, transparent, and appear to be faintly-mark-

ed, elongated, rhombic octahedra, with sharp outlines in profile. In a few instances they are united by pairs, the long axes crossing each other at right angles. Many of them differ from the true type of crystallization, being extremely elongated, and exhibiting incurved faces and such irregularities of form, as to

FIG. 1.

prove their organic nature. (Fig. 1.) This supposition is entirely confirmed by the result of incineration, to which on being submitted no residue was left. In sulphuric and hydrochloric acids they are quickly dissolved. In a solution of caustic potash they are readily soluble, but no ropiness is produced by its addition to the blood, as would be the case if pus were present. In acetic acid they are also soluble, though slowly. In concentrated nitric acid they are, strange to say, completely insoluble, even when heated, and assume a faint yellow hue. By



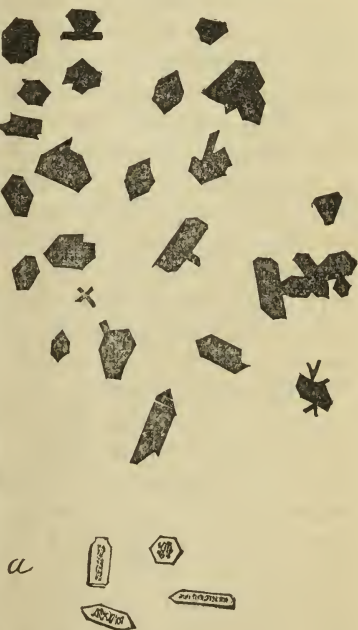
its action their acute angles are sometimes bent upon themselves, as seen in Fig. 1, *a*. In cold and hot water they are alike insoluble, and they remain unaffected by alcohol, ether, benzole and ammonia. Judging by their behavior in the presence of the above re-agents, it is plain they are the crystals of a substance which must range itself in the class of neutral principles, and as nothing similar has ever been found either in healthy or abnormal blood, or in any part of the animal economy, so far as the latest chemical reports show, I propose for it the name of leukosin. This title seems appropriate, both on account of the color of the crystals and the disease in which they were discovered.

The blood of leukæmia is very like the natural condition of this fluid in the splenic system. Scherer first discovered in the spleen the very substances which he afterward demonstrated in this disease, and the crystals often found in this organ, lozenge shapes of a reddish-yellow color, and described by many observers, Becquerel tells us were present in great abundance in the coagula removed from the heart in a case of leukæmia. That the spleen is not the sole cause of the changes in the blood, is shown by the facts, that this organ is often otherwise affected without any consequent similar change, and that in some cases of leukæmia it is found in a normal condition. The other blood or lymph glands, on the con-

trary, are always found diseased. At all events, the presence of so much abnormal matter in the blood, penetrating every atom of the human frame, must be sufficiently deleterious to account for the peculiar symptoms of the disease, though it is evident that in the present state of our knowledge we are far from being able to solve its mysterious etiology; but whether the state of the blood be the prime cause of it, or merely its result, all observations which tend to throw light upon its chemical composition must be received as important facts bearing upon its future solution.

In connection with the above case, I would describe here other crystals discovered in the vomitus of a patient of Dr. Gould, in whom hæmatemesis was present as a symptom of cancer of the stomach. The amount of the hæ-

FIG. 2.



morrhage was considerable; and on examination of the matter rejected, the crystals to be seen in Fig. 2 were found. They were at first looked upon as hæmatine, as this substance is not unfrequently met with in hæmorrhagic effusions, but on analysis it was found that this was not the case, and that they were some substance hitherto undescribed.

As shown in the drawing, they are sections of a hexagonal prism, some faces of which are irregularly elongated. By transmitted light they are of a reddish-brown color, while in reflected light they show a straw-yellow tinge. From the variety of form they assume, and their peculiar color, I presumed an organic composition, but, to my surprise, they retained their shape, sharply defined, even when submitted to a heat sufficient to melt glass. At a low temperature the coloring matter disappeared, without blackening or smoke. In nitric and hydrochloric acids they are slowly soluble, without effervescence. When placed in concentrated sulphuric acid, they retain for a long time their outline unchanged, but the coloring matter gradually disappears, leaving a granular appearance in their centre. (Fig. 2, a.) Potash also dissolves them, though slowly. By acetic acid and ether they are unaffected. From the effect of heat, as above applied, we see that we have here a difficultly fusible, inorganic base united with some unknown organic material, either mechanically or chemically. It would seem that the latter only plays the part of shadow, for after its entire decomposition by heat and acid, the

substance remains unchanged. Further analysis, as conducted by Dr. Bacon, showed that this matter was lime, but in what form it is impossible to ascertain. They may be crystals of some unknown salt of lime, into which the coloring matter of the blood has been taken up, just as frequently results when crystallization occurs in colored solutions of various sorts; or it may be the sole chemical compound of the base, a minute quantity only being sufficient to determine their formation, so little, in fact, that their shape and structure remain unchanged when it is driven off.

In so complex a mixture as is present in that laboratory, the stomach, it is difficult to say what compounds may not be formed, and especially so in a pathological case like the following. Here, in addition to the secretions from the healthy portions of the cavity, were mingled the purulent discharges from the ulcerating surfaces, large quantities of blood poured out from corroded vessels, food, medicine, and masses of penicilium and torula, and the spores of *sarcina ventriculi*, disposing the whole to fermentation. The food consisted exclusively of milk, and the only drug given was nitrate of bismuth. But the crystals separating from this maze of matter are nothing we might expect to result from its decomposition. They are neither lactate, butyrate, oxalate, carbonate, nor a fatty salt of lime, nor do they at all correspond to the re-actions of hæmatine. The vomitus itself had that pungent acid character so often present in this disease.

The only other instance on record of crystals occurring in the fluid of the stomach, is one described by Neale in the *Medical Times*, in which case uric acid [?] was found. In some vomitus which I examined not long since, oxalate of lime in its usual octahedral form was present, and must have been formed in the stomach, for no food containing it could have been eaten for a long time previously. Crystals of hæmatoidin have been observed by Rokitsky in cases of so-called "infaret," or apoplectic deposits in the walls of the stomach, but their occurrence in its cavity, or the presence of crystals tinged by the coloring matter of the blood, is something hitherto unobserved.

TOBACCO SMOKE IN HYDROPHOBIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I am induced to recur to the subject of hydrophobia once more in your pages, from reading in *Braithwaite*, No. 38, an account of a case of poisoning by strychnia, treated by Dr. T. O'Reilly, of St. Louis, Mo. The chief points of interest in the case are its presenting a striking resemblance to a case of hydrophobia previously witnessed by Dr. O., and its cure by nicotine. It may also be mentioned incidentally, that the writer seems to be impressed with the conviction that his is the first case of the

successful treatment of poisoning by strychnia with nicotine, and gives credit for its suggestion to the experiments of Dr. Haughton, of Dublin.

In the Appendix to my pamphlet on the Nervous System is some account of a case of poisoning by the same substance, treated by me, in 1845, with tobacco *smoke* per rectum, with an equally successful result, and without any of the untoward symptoms following, which attended his case. It was the happy effects of this agent *so applied*, together with the strong resemblance in the symptoms then witnessed by me with those I had seen described as pertaining to rabies, that induced me to recommend it as the remedy that promised most in the latter disease. The conviction has forced itself on my mind, both by reading and conversation with other physicians, that the profession is not alive to the great value of this remedy, and its safety compared with the infusion. Whether its volatilization in conjunction with free carbon modifies its effects, as animal charcoal is known to do with other poisons, or it loses some deleterious quality by the intense heat to which it has been exposed, or whatever may be the explanation, most certain it is, that its action is as unlike that of the infusion, as the effects of any two medicines that spring from a common origin, and possess certain properties in common, can well be. It would perhaps be saying too much, to declare that they differed as much as calomel and corrosive sublimate; but I can affirm with confidence that during the last twenty years I have made use of tobacco smoke upward of twenty times, in the way mentioned above, without having once witnessed the severe prostrating effects mentioned by authors as due to tobacco *per se*, while their inferences have been drawn from observing the consequences of the infusion. In ileus, intussusception, and strangulated hernia, I have uniformly found it manageable and successful. In one case, supposed to be the former, after inflammation had progressed so far as to subsequently give rise to an abscess which opened externally, and finally communicated with the bowels, exhausting life, the patient exclaimed, in the midst of the operation, that he felt the wind pass through the seat of the stricture, having before had a sensation of its passing down to that spot, while nothing could be felt beyond. This was followed in about twelve hours by a free movement of the bowels, although cathartics of turpentine and oil, injections, bloodletting, calomel and opium, &c., had been freely employed during the week before, without success. In this instance, as in every other in which I have used it, not a sign of collapse, not even sickness at the stomach, followed its exhibition.

Dr. Paine, in his defence of bloodletting (*vide Principles of Medicine*, page 716, first edition), quotes Dr. Jacob Bigelow as countenancing the use of tobacco in hydrophobia, and although he himself considers any experiment justifiable in this disorder, seems hardly to acquiesce in the latter's qualified approval of it. Neither

gentleman discriminates between the modes of preparation. Dr. Paine has done good service in resisting the inroads of mechanical and chemical science on medicine, as well as in vindicating determining principles, in opposition to empiricism; but his zeal for bloodletting has carried him too far in condemnation of opium, tobacco, and the class of narcotics generally. Even in strangulated hernia he would discard tobacco altogether. "We possess," says he, "in tartarized antimony, or even in lobelia, far better and safer means for establishing a relaxation of the muscular system." Now I do not hesitate to assert from experience, that neither agent is so safe and efficient as tobacco smoke; and in reply to his statement that surgeons had greatly forsaken it as an enema in strangulated hernia, I venture to say that they had better continue it in the form mentioned, and forsake the operation; for, in nine cases out of ten where the operation is resorted to, it is an unnecessary procedure. When I commenced practice in this locality, now twenty years since, I had occasion to see, in consultation with two others, a case of strangulated hernia of over a week's standing, in which, from the age of the patient and the late period of the disease, no active interference was thought best, and the patient died. The next year I saw another, which was operated on. Since then, though I have attended others fully as severe, I think, none have required an operation. Whenever bloodletting, nauseating medicines, and large doses of opium failed, recourse has been had to this remedy with uniform success.

It was remarked by the senior physician in consultation in the first case (Dr. John Manning, who had then successfully practised more than fifty years on this Cape), that he was not sure that tobacco smoke would not help the patient, even now. This remark, although it bore no fruit then, nor in the next subsequent case, made an impression on my mind which I trust has not been without a good influence on my patients. Place this by the side of the statement of Dr. Bigelow, which Dr. Paine quotes and contradicts, viz., "At the present day, tobacco does not seem to be extensively in use, having passed into neglect, rather because more fashionable remedies have superseded it than because it has really been weighed and found wanting," and we shall have reason to believe that all of the innovations of late years have not been improvements. Among the different remedies of the *materia medica*, there is generally one agent that stands a head and shoulders above the others in its capability of fulfilling the general indication of that class. Opium is the prince of anodynes, rhubarb is chief among cathartics, ipecac ditto among emetics; and so will it be found that no remedy is worth a trial with tobacco, for the relief of spasm, general or local. I do not mean to assert that the smoke cannot be pushed so far as to occasion collapse; but if it is introduced slowly, as it must be when blown from a common pipe through a gum-elastic tube into the colon, it may be continued until

a manifest effect is produced, and that effect will be, according to my experience, relief of the urgent symptoms, without a sign of prostration worth mentioning. A second instance is now recorded in which it has relieved symptoms like those of hydrophobia; and when it is considered that the deaths which have resulted of late from this disease have been brought about rather by the remedies administered than by its own violence, at least in some instances, the physician who may be called to treat it need have no fear of increasing the mortality by the use of this potent agent, even if he is justified in neglecting to avail himself of its powers.

Rockport, Feb. 15, 1859.

B. HASKELL.

THE CASE OF EPHRAIM BUCK, M.D.

BY JAMES AYER, M.D.

[Read before the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

No minutes were taken at the daily visits, and the following statements are drawn from memory. The most important facts are stated accurately;—some minutiae, both of symptoms and treatment, have doubtless escaped recollection.

On Monday eve, Dec. 13th, 1858, Dr. Ayer was first called to visit Dr. Buck. He had been ill since the preceding Friday, though he had visited patients on that and the following day. On Saturday he took his chamber and prescribed for himself. The original attack, he described, as one of acute gastritis, with severe pain of the epigastrium, and over the margin of the right lower ribs, with constant inclination to bilious vomiting. His treatment, he remarked, was an heroic one for an old man, namely, four leeches to epigastrium, and pil. hydrarg. followed by a mild cathartic. A blister was applied after the leeches, and an alterative course of calomel and opium commenced.

At the first visit he appeared to be very comfortable, and free from pain. Skin moderately cool, thin bilious fur on the tongue, pulse 85 per minute, irritable or sharp, with mercurial breath, and tenderness of the gums. There was anorexia, with acidity of the primæ viæ, and troublesome flatulency. The bowels had been freely moved; the skin was jaundiced throughout, particularly dark in the face; the urine was scanty but of natural color; the prepuce and scrotum highly œdematous—this affection he had been subject to. At an earlier period, the patient remarked that the urine had been extremely high colored. There was little or no appetite; occasional febrile exacerbations and great restlessness at night. Arrowroot gruel and tea constituted his diet. His mind was clear, spirits cheerful, and he gave a minute history of all his symptoms and treatment. The acute stage, he judged, had passed off favorably; and the only question in his mind was, whether the vital forces would rally sufficiently to effect a healthy

reaction. For several weeks before the attack, his appetite had been variable. By advice of a medical friend, he had abstained, for a short time, from animal food, but was soon compelled to return to it. The doctor was also taking very moderate quantities of whiskey and water, with gruel, milk and tea for diet.

These, in brief, were the symptoms and general aspect of the case at the first visit. A discontinuance of the alteratives was advised, and improvement of the diet. Milk and limewater, two parts of the former to one of the latter, scalded together, was added. Very little medication, at this period, was employed. The bowels were kept soluble—a Dover's powder at night, and three or four grains acct. potass. in syrup. acaciæ every three hours, acted favorably on the kidneys.

In a few days, the patient desired that Dr. C. E. Buckingham might be associated with Dr. Ayer in attendance. Both physicians met at the noon visit, and Dr. A. made the morning and evening call (being near) throughout the illness.

Anasarca of the feet and legs soon began to appear—gradually extending up to the abdomen. The urinary secretion diminished, depositing a heavy lateritious sediment. The alvine discharges were bilious. Dyspnœa began to be felt—the patient desired the head and shoulders elevated. The prepuce and scrotum were highly œdematous. The pulse became more frequent—90 to 100 per minute—frequently intermitting from 4 to 16 beats per minute in the right wrist, at the same time the pulsation was perfectly regular in the left wrist. This irregularity was repeatedly noticed by us. Except a corresponding irregularity of the heart's action, nothing special was revealed to the ear about the heart—no decided bruit—at this period. After the first week, there was very decided and general nervous irritability, almost constant restlessness, tossing of the head, and change of position. This condition, Dr. Buck remarked, was natural to him when sick—an hereditary tendency in his family.

A variety of potent diuretics were employed, followed by no permanent increase of urine. When tested the urine was found to have a specific gravity of 1012°—did not coagulate when boiled with nitric acid, and litmus paper instantly changed to a deep red when immersed in it. It was tested once only. The patient generally lay upon his back, but could easily lie on either side.

The œdema of the lower extremities and abdomen gradually increased, and the prepuce and scrotum became greatly distended. Œdema of the base of the left lung manifested itself, afterward extending to the right. There was very decided dulness over the right and left lower chest. The action of the heart continued regular for the most part, aside from the intermissions, but labored in its functions, with a distant sound, and dulness on percussion. We suspected effusion within the pericardium. The œdema of the lungs apparently changed as the right or left leg was most

swollen. This coincidence was noticed by us for several successive days.

The symptoms enumerated continued to increase up to the close of the second week. Meanwhile the vital forces were steadily diminishing, and delirium, which had gradually been stealing on the patient, became more decided. It was not such as to prevent the patient's realizing, to a great extent, his true condition, and the operation of remedies.

The bowels became costive, and *ext. elaterii* was exhibited—effectually removing the constipation, and temporarily relieving the œdema by watery discharges, and slightly increased flow of urine.

After the first week, a dry, irritative cough, which had been troublesome, at intervals, for a year or more, and which the patient had considered asthmatic, made its appearance. Subsequently the physical signs appeared, to a limited extent, of pneumonia at the base of the left lung; afterwards the same was observed at the base of the right lung—yet so modified by the œdematous condition of the organ, and the general prostration of the system, as to forbid, in the opinion of his physicians, direct intervention by active treatment. In the early stages, Dover's powder was given at night—afterwards morphia, valerian and Hoffman's anodyne—all of which soon ceased to produce the desired effect. Extract of belladonna, 1-6 of a grain in solution, was given every fourth hour, and as the delirium increased it was repeated every three hours. This remedy was continued, with apparent good effect, to the last. Beef-tea was freely taken—the patient preferring milk scalded, with it, as it improved its flavor. Cider, various wines, gin, brandy, Scotch ale, &c., were tried, but no stimulant proved so beneficial as Bourbon whiskey. The spirits, the doctor thoroughly disliked—even loathed—but thought the prescription necessary.

At the close of the first week, the attending physicians felt compelled to give an unfavorable prognosis; an opinion which the judgment of the patient had already anticipated, and fully concurred in. The third, or last week, was marked by a steady increase of nearly all the unfavorable symptoms enumerated. The pulse became more feeble and intermittent, rarely less than 100 per minute; anasarca increasing, heart's action more labored, dyspnœa increased, delirium more continuous, temperature of skin lower, urine more scanty, and cough increasing, with expectoration of tenacious bloody sputa. The anorexia and flatulence fortunately had disappeared. The patient insisted on rising to the chair for evacuations, and his strength of resolution enabled him to do, with assistance, what his muscular ability failed to accomplish. Thus he continued without very decided change, more delirious and more exhausted to the last. On New-Year's-day eve, he was visited at 8 o'clock, and found sitting in an easy chair, delirious and

feeble, but answering a direct question correctly. He was assisted to the bed quite exhausted. At 8 $\frac{3}{4}$ o'clock the next morning, Jan. 2d, before the morning visit, in a semi-unconscious state, he expired, after an illness of three weeks and a day, aged 72 years and 10 days.

Dr. Cleaveland Buck, of Maine, a brother of the deceased, and an active, healthy physician of 70 years, was present and advised with us, for several days during our attendance. Dr. H. G. Clark, of this city, repeatedly joined our consultations.

From this desultory history of the case, it will readily be perceived what were our opinions, and the grounds for them in the premises. When we consider the ripe age, the wear and tear of a naturally robust constitution incident to a long and active professional life (25 years in the country and nearly 22 in the city), that his health had gradually declined for the year past, especially since last spring, and finally an acute disease sufficient to tax the stamina of the young and vigorous—these accumulated burdens must have proved too heavy even for his originally powerful frame. He had carefully calculated all the phases of his state, and kept a perfect idea of the treatment and symptoms almost to the last. That same uprightness and precision which characterized him when in health, and will be remembered by the Fellows of this Society as specially prominent in the discharge of his duties as our late President, continued unabated through his last sickness. "For myself," said Dr. Buck, "if it be God's will to remove me, I have no desire to recover."

Autopsy.—An autopsy was made by Calvin Ellis, M.D., January 3d, at 11 o'clock, A.M., 23 hours after death. There were present Doctors Channing, J. Homans, J. Ware, Jeffries, Stedman, C. D. Homans, Mighill and Ayer.

General aspect. Rigor mortis sufficiently well marked; adipose tissue slightly wasted.

On removing the sternum, 3 pints of serous fluid was found in the right pleural cavity, and one pint in the left. The apex of the right lung contained an apoplectic nodule, or mass, nearly black, and three inches in diameter; a small nodule of the same character was found in the middle lobe, and a third appeared in the lower part of the inferior lobe—these masses were firmer than hepatization. The left lung was partially compressed; its upper lobe oedematous, but otherwise healthy. There was general hypertrophy of the heart—more than twice the normal size—weight 32 ounces. The walls of the left auricle were considerably distended, and its appendix was filled with old and firm coagula. The semilunar valves were atheromatous, and slightly ossified at their bases, but not sufficiently so to interfere materially with their functions. The base of the aorta was slightly ossified, and partially atheromatous. The abdominal cavity contained 3 pints of yellow serum. The stomach had no ingesta; its mucous membrane was highly inject-

ed, but otherwise healthy. The intestines appeared healthy—but were not particularly examined. The liver was of normal size, but dark-colored, and unusually firm. The same was true of the spleen; its fibrous capsule was more dense, in parts, than usual. Connected with the right kidney, and originating from the substance of the organ, and upward of two inches in diameter, was a cyst containing two ounces of transparent serum. The left kidney had numerous depressions on its surface, from atrophy. On incision, the cortical substance of both kidneys was found to be granular, quite thin, and remarkably well defined—and more fibrous than usual. Considerable fat, in small globules, was noticed—one or two of the tubuli were crowded with them.

The bladder and prostate gland were healthy. The brain, by request of the family, was not examined.

Bibliographical Notices.

Contributions to Practical Surgery and Surgical Pathology. By J. M. CARNOCHAN, Professor of Surgery in the New York Medical College, Surgeon-in-chief to the State Emigrants' Hospital, etc. With Illustrations drawn from Nature. Philadelphia; Lindsay & Blakiston. 1858. Part 2.

This second fasciculus of Professor Carnochan's work contains a Case of Exsection of the Entire Ulna; Remarks on Neuralgia of the Face—with a Case; Exsection of the Trunk of the Second Branch of the Fifth pair of Nerves, beyond the Ganglion of Meckel, for severe Neuralgia of the Face; with three Cases.

There are also two excellent Plates, one representing an exsected ulna, the other, portions of exsected nerves. The latter are highly colored—we presume correctly.

We have perused the contents of "Part Two" with great interest; and particularly the remarkable case of Forbes, upon whom so many and such severe operations were performed for the relief of persistent facial neuralgia. The instance may safely be termed unparalleled. Prof. Carnochan says that he entered minutely into "the details of this case, on account of its remarkable character—remarkable on the one hand for its duration and protracted course, and, on the other, for the perseverance and courage displayed on the part of the patient. The facts, also, which were developed during the different stages of the treatment, led me to project an operation for the cure of neuralgia of the second branch of the fifth pair of nerves, which is novel, and which I believe to be the only one capable of curing this affection.

"This operation consists in exsecting the trunk of the second branch of the fifth pair, beyond the ganglion of Meckel, and, at the same time, removing this ganglion, or insulating it and its branches from the encephalon."

We think it will be conceded by all who read the account of Forbes's case, that a most extraordinary amount of courage and resolution were demanded on the patient's part to enable him to undergo all that he did. The extreme severity of his painful disease could alone have forced him to endure such heroic surgery. And we must

add, that great credit redounds to Prof. Carnochan for his perseverance, ingenuity and faithful management under such a discouraging aspect of all the circumstances. The patient, although at last greatly relieved and able to attend to his business again, is not considered cured. Prof. Carnochan thinks it "not improbable that he will be liable at times to be attacked with paroxysms of his disease." But the success attained is very remarkable, and has restored a man wholly incapacitated for his daily duties, and in constant agony, to his occupations, and to comfort again—a result amply justifying all the proceedings.

Too much can hardly be said in praise of the typography and illustrations of this work. We observe with great satisfaction the care which has been lavished upon its preparation, and the attention paid to its really beautiful dress. To both Author and Publishers the acknowledgments of the profession are due. We hope we shall not be deemed hypercritical if we mention one or two things, in this connection, which we have noticed on careful examination. Where so much excellence exists, little flaws strike the curious eye the more unpleasantly. Thus, we would rather not have met with that commingling of Latin and English in the narration of the medicines used, which is always so undesirable, and, in compound formulæ, incorrect and preposterous. We therefore would have preferred that the following sentence should have been *all* English—since the Latin (and abbreviated Latin, too) seems not needed and looks incongruous:—"Iod. ferri and iod. potassii were at times substituted for the quinia *—*—" (p. 34). And again, the same sort of arrangement,—"*—*" the constitution was supported by the internal exhibition of quinia, carb. ferri. precip., iodide of potassium, syr. iodide of iron, sarsaparilla, infusion of prunus Virginiana wine, porter, generous diet, &c.—*—*" (p. 35).

Whilst, for the most part, the fasciculus we are noticing is free from typographical errors—thus showing in the proof-reading the same care which has evidently been bestowed upon the work throughout—it is a pity that even *one* should be allowed to mar the handsome pages. Where so small a portion of text is issued at one time, it would seem easy to avoid these blemishes altogether. We remark "*facia*" for *fascia*, on page 37, 9th line from the top; and, on page 45, 5th line from the top, "*périodique*" for *périodiques*—one letter being an essential omission. On the same page, four lines from the bottom, we notice "*médicine*" for *médecine*. These small slips are, we repeat, the more prominent because of the correctness of the majority of the text and the elegant appearance of the pages generally.

We may properly question whether the expression "flow of venous hæmorrhage" is a correct one; we think, flow of venous *blood* would be better (p. 38).

The exclusive use of *chloroform* in all his operations is another prominent feature in Prof. Carnochan's reports. We take this occasion to again express our surprise at the pertinacity with which many—we believe most—of our New York and Philadelphia brethren cling to the use of chloroform, and discard ether. Their reasons do not sufficiently appear—although, very likely, if the use of ether had been a more southern discovery, we should hear less of its potent and dangerous *congener*, chloroform. The exclusive use of chloroform at the South is continued in spite of sufficient warning given by their own journals as well as others. For instance, *The Medical News and Li-*

brary for February, 1859, published in Philadelphia, reprints the startling summary of deaths from chloroform, prepared by R. M. Glover, M.D., F.R.S.E., and contained in the *Lancet* of October 30th, 1858. In this account, besides fifty fatal cases of chloroformization taken from the late Dr. Snow's work, several others of the same sort are mentioned—and the occurrence of such, it is well known, is shockingly frequent—yet, on the American principle, “*go ahead*,” the dangerous agent is, in many places, preferred to the entirely safe one! In one instance, Prof. Carnochan states the very slow recovery of a patient from the influence of chloroform—“the pulse remaining below 50 for some hours:”—an agreeable result, truly!

We look forward with pleasure to the continuation of this fine work, which we commend to the careful attention of the profession, and especially to practical surgeons.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 3, 1859.

QUARTERLY REPORT OF THE CITY PHYSICIAN.

THE office of Physician to a large city is one involving duties of the greatest importance, and which must trench largely upon the time and best attention of the incumbent. Both the profession and the community are, or should be, deeply interested in whatever concerns the conservation of the public health; and the course of the health officers is therefore likely to be watched with jealous scrutiny. We think there will be a general concurrence with us when we say that Dr. CLARK'S administration of the high trust committed to him has ever been characterized by faithfulness, conscientiousness, and the manifestation of full capability. His Reports should be read and pondered by our citizens—they are not documents to be made waste-paper of.

The present Report bears date January, 1859, and was “ordered to be printed,” January 24th, 1859, and we fully intended to have sooner noticed it. It presents several points of unusual interest, and we will advert to them in the order of their occurrence.

The number of persons vaccinated at the City Physician's Office “since the last return,” is 383, and during the year 1,625. Certificates of examination, attesting previous vaccination, were furnished to 257 children during the quarter, and to 597 during the year. Vaccine virus has been supplied to physicians gratuitously, 127 times in the quarter, and 268 times during the year.

Specifying the births and deaths at the Jail as being each three—a somewhat remarkable coincidence—Dr. Clark next refers to the unusually healthy condition of the city throughout the past year. We may here add, that the same is still true; for the week ending February 12th, *only 44 deaths* were registered—an unusually small number. The Report goes on to state that there were a few cases of yellow fever observed in the city last summer, “all of which were directly traceable to the shipping arriving here from southern ports. The number of fatal cases in the city proper was only four, and there was no tendency in the disease to spread.” When we reflect upon our own immunity from this dreadful scourge of our southern cities,

and upon our comparative exemption from cholera during its visitations to this continent, we surely have every reason for the heartiest thankfulness. With such blessings in view, we should make up our minds to inhale any amount of the dreaded and malediction-laden east winds of our spring-time, with content and even gratitude !

Dr. Clark quotes largely from the opinions of Dr. Jeffries, upon quarantine regulations, "as expressed to his Honor the Mayor, after a visit to the Quarantine Station, with the Committee of External Health." The advantages of the position which Boston has assumed in regard to quarantine, and the excellence of the regulations which have been adopted, are well set forth in this connection ; and the contrast presented by our quiet condition and prospects, when compared with the New York performances, is striking and suggestive. Dr. Jeffries concluded the remarks above referred to by saying that, "we are indebted in this city, more to the internal regulations promoting cleanliness and sobriety, for the health of our citizens and the exemption of the city from fatal epidemics, than to any restrictive laws of quarantine." Dr. Clark expresses a hope, which we cordially echo, that one result of the deliberations of the "Quarantine and Sanitary Convention" may be to bring about the adoption, "by that body, of a code of quarantine laws more like our own and more in consonance with what we believe to be a more enlightened and advanced state of sanitary science."

We next have Dr. Clark's account of his supervision of the sewerage, and the statement that the reason of deficient working of many of the sewer outlets being now known, "it is to be hoped that at some early period such radical measures as are necessary will be adopted." The earlier the better, say we ; and we most heartily concur with the City Physician in the statement which follows our last quotation, and which runs thus. "For it is the proper care of the drainage, upon which, more than any other, perhaps more than all other sanitary measures, depend the safety and health of the inhabitants of any city." The "nuisances" of last summer, so widely and loudly complained of throughout the entire section of the city lying near the foot of Mt. Vernon Street, are next referred to. We devoted no inconsiderable space to the consideration of this topic at the time when it was most odoriferous and manifest ! Not only did our noses, in common with those of the afflicted residents in the immediate vicinity of the sources of filth, bear unwilling yet truthful testimony, but our eyes read the black and green writing of sulphuretted hydrogen upon door-plates and other outward metallic fixtures, to our daily disgust and horror. Dr. Clark thinks that the "defective structure of the drain" in the neighborhood of Mt. Vernon Street, "was only one of the contributing causes" of the nuisance ; "and that the state of transition between the free occupation and flow of tide-water, and the intrusion upon the domain of the sea by the structures of man, is the efficient and controlling cause, and that therefore the inconveniences, though great, can only be wholly removed by the completion of changes which are necessarily the work of time." We trust that the "transition state" may be rapidly completed !

Passing over the remainder of Dr. Clark's excellent remarks upon sewage and upon the sanitary regulations desirable in dwelling houses, we come to the portion of the Report which sets forth the advantages which would accrue to the city from the erection and occupation of a City Hospital. Having ourselves, at various times, advocated similar

views, we merely commend the subject anew to the careful consideration of the City Government and to the judgment of an enlightened public—having no doubt that a favorable verdict will finally be rendered.

The City Council are next appropriately congratulated upon the final settlement of the intra-mural interment question—"ample and economical provision" having been "made by the city at Mount Hope Cemetery, where those whose means are not large, as well as others, may, without unnecessary expense or sacrifice of feeling, bury their dead; thus removing the last obstruction to the discontinuance of a practice fraught with so much discomfort and danger to the living."

The "Appendix" to the Report contains Dr. Clark's remarks relative to the execution of Magee, the convict, and in connection with the newspaper comments and "extraordinary strictures" of the London *Lancet* thereupon. The account of the autopsy, and also the remarks made upon it at the meeting of the Boston Society for Medical Improvement, held June 28th, 1858, are given, together with the truly scurrilous language which the *Lancet* descended to use in reference to the report. We entirely agree with Dr. Clark, that the course of the English medical journal shows both malice, unfairness and extreme ignorance. In addition to these interesting qualities, the editors of the *Lancet* have seen fit to italicize a portion of the report, without saying that the italics were their own and not its author's—and which procedure well shows "how ingeniously an extract, apparently fairly made, may be unfairly used." (*Report.*) Moreover, "the *Lancet* does not emphasize or even refer to the material fact, that *the motions* (of Magee's heart) *were not interrupted by a division of the spinal cord*, because that would have disproved its charge. It also ignores the fact that my *theoretical opinion*, which it tortures into an implied censure of my friend, Dr. Ellis, had no reference whatever to the heart's motion, but was suggested upon entirely different grounds." (*Idem.*)

After quoting a portion of the editorial article published in this JOURNAL relative to this case, and making full reference to various physiological authorities upon the point in question, Dr. Clark sums up as follows:

"1. That the death was complete before the body was opened.

"2. That the motions of the auricle were automatic, and not vital.

"3. That the same motions would have continued for a certain length of time if the heart had been entirely removed from the body.

"These cases, and others which might be quoted, must have escaped the observation of the editors of the *Lancet*, or they would never have ventured the opinion that the *post-mortem* examination, as it has been proved to be, was a '*vivisection*;' or if they do not confess their *ignorance* on this point, they must plead guilty to the charge of wilfully perverting 'a plain, unvarnished tale' for the purpose of throwing an undeserved odium upon the medical profession of this city. The whole temper of the article, and the subsequent conduct of the editors in neglecting to take the slightest notice, so far, of an explanatory note addressed in respectful terms to them more than three months ago, by Dr. Ellis, than whom a more candid and humane gentleman does not exist, evince anything but the '*entente cordiale*' which should characterize the intercourse between members, however distant geographically, of a profession so noble as that of medicine, or of that courtesy which we have a right to expect from the conductors of a scientific journal which has a wide circulation in this country as well as Great Britain."

On the last page of the Report, we have a faithful representation of the "House of Reception" in North Grove Street, together with a "Ground Plan" of the same. The editors of the *Lancet*, in speaking

of Magee's autopsy, characterized it as "An execution in the House," and threw out the infamous insinuation that the *post-mortem* examination was made in a clandestine manner—"privately or surreptitiously," as Dr. Clark very properly adds in a foot-note, being the substance of their charge. They could not well have made a more egregious blunder, or a more calumnious statement; and for their due enlightenment we hope they will look at the engraving, without obliquity of vision, and console themselves with the information that the autopsy, or, as they are pleased to term it, the "execution," was done in the City House of Reception, and not "in the house of a medical man." The *Lancet* is welcome to all the satisfaction it can derive from what it has published in reference to this matter, and we are willing to abide the decision of the medical and lay public as respects its course.

We again commend the entire Report to the careful perusal, not only of those who are interested in the sanitary welfare of the people, but of all who may have been misled by the unjust and ignorant statements of the *Lancet*, or by such accounts as have mistakenly appeared in certain of our own daily papers.

PALMER'S PATENT ARM AND HAND—(SEE ADVERTISING SHEET.)

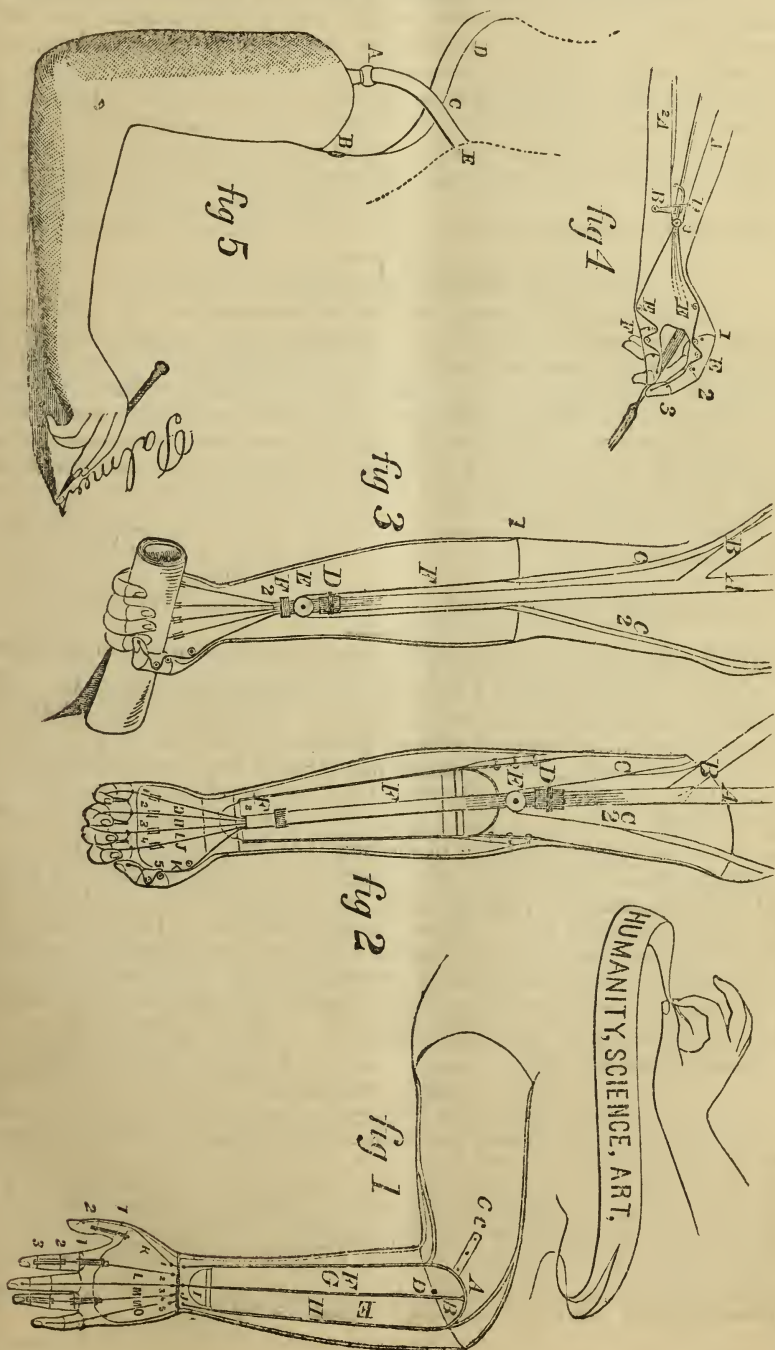
Fig. 1 represents an arm to be applied above the elbow. The articulation A B is a ball and socket, connected by the steel plates C C, and turning upon the pinion D. The function of the bones in the forearm (radius and ulna) are imitated by the conical shaft E, which terminates in a ball at the elbow and wrist J J. The wrist is articulated with a ball and socket firmly united by catgut tendons F G H, tensely drawn over the convexity of the shaft E at the elbow. It has every motion of the natural wrist. The hand rotates on the forearm, being susceptible of pronation and supination, or any angle or degree of flexion and extension desirable. The extensor tendons K L M N O, acting with the springs 1, 2, 3, 4, 5, open the hand. The detached ball and socket joints of the thumb and fingers are indicated by the figs. 1, 2, and 1, 2, 3.

The fingers are articulated on steel rods and pinions imitating the bones, as seen in the thumb and the first and third fingers. The exterior is brought to a perfect imitation of the natural arm (as shown in the outline, or in Fig. 5), by a soft elastic substance, which rotates around the forearm, preserving anatomical symmetry in every position. It is covered with a delicate skin.

Fig. 2 is the same arm extended, with the fingers semi-flexed. The belt A attaches the arm to the body. The small belt C C 2, is connected by a tendon to a clasp and pulley D E. The great muscle F is the continuity of the flexor tendons G H I J K. These tendons pass sinuously over pulleys, or fixed sheaves, 1, 2, 3, 4, 5, through the hand, to the end of the fingers and thumb. The principles of the lever and pulley are thus combined, and the *maximum power* retained at all angles of flexion or extension. A slight motion of the shoulders, with extension of the forearm, produces an incredible grasp, as seen in Fig. 3.

An object of any shape, such as a pen, a fork, or an apple, is held with facility. By a slight motion of the shoulders, the belt A B causes the great muscle F and its tendons to contract *powerfully*, closing the hand. A movement easily and naturally made, actuates the tendon C C, and fastens the clasp D upon the muscle so as to retain the grasp in any position or motion of the arm when in use. This is regarded as invaluable for holding reins in *driving*, or carrying articles with *safety*. An easy counter motion *unfastens the clasp*, relaxing the flexor muscle and its tendons, and the extensors open the hand. This principle performs most perfectly in an arm applied below the elbow, as in Fig. 3. In this are seen the belt A B C, the great muscle F and its tendons, the clasp and pulley D E, as in Fig. 2. A fixed eyelet, F 2, clasps the great muscle, F, and thus guides the flexor tendons of the fingers. The line 1 shows the union of the natural with the artificial arm. Fig. 4 shows a hand holding a fork. The tendon A A 2 passes through the clasp B and around the pulley C to the side of the clasp D, where it *fastens* or *unfastens* the clasp by movements before explained. The joints of the fingers and thumb are flexed upon the fork by powerful tension of the great muscle and its

tendons. The sinuosity of the tendons passing over the pulleys, or sheaves, E E E, shows the new and useful principle of effectually combining the lever and pulley to gain the *utmost power, strength, elasticity, and adaptability* to the various uses of an artificial arm and hand. They are easily adjusted by the wearer.



MASSACHUSETTS MEDICAL COLLEGE.

THE Annual Commencement for the conferring of medical degrees will take place at the College on Wednesday, March 9th. The exercises will commence at 11 o'clock, A.M., with a prayer by President Walker, after which the graduates will read selections from their dissertations. The degrees will then be conferred by the President, and the whole will conclude with an address by Prof. Henry J. Bigelow.

The Corporation and Board of Overseers of the University will be present on the occasion, and the Fellows of the Massachusetts Medical Society, all medical students, and all persons who may be interested in medical science, are hereby respectfully invited to be present.

D. HUMPHREYS STORER, M.D.

Wednesday, March 2, 1859.

Dean of the Medical Faculty.

VERATRUM VIRIDE—MASS. MEDICAL SOCIETY.

At the last Annual Meeting of the Massachusetts Medical Society, nearly every member present was presented with a quantity of the tincture of the veratrum viride, by the Middlesex East District Medical Society, and requested to report, at a future day, their experience in the use of it. The Committee of the Middlesex East Society, who had the matter in charge, are desirous of receiving, previous to the middle of April, brief or extended reports from each, in order to make up a general report for publication and future reference.

Communications may be addressed to either of the undersigned—the Committee.

E. CUTTER, Woburn.

T. RICKARD, “

Woburn, February 22, 1859.

W. INGALLS, Winchester.

REPORT ON ZYMOTIC DISEASES—SUFFOLK DISTRICT MEDICAL SOCIETY.

MESSRS. EDITORS,—Will you allow me, through your JOURNAL, to remind the members of the Suffolk District Medical Society, that the time (the 9th of January, 1859) for sending to the District Secretary their reports on Zymotic Diseases, has already long since passed. So few returns have yet been received that no general report of any value can be made. It is not yet, however, too late, if gentlemen will fill up the blanks and send them to me any time before April 15th.

Blanks were forwarded to each member of the Massachusetts Medical Society, bound in with the *Medical Communications* of 1858. In the same number is the “Report on the Zymoses of 1857,” made by the Middlesex East District Medical Society. It is proposed to have a report on the zymotic diseases of 1858 from the whole State Society, but unless returns are made by each member, any general report would be comparatively of very little value.

Yours, respectfully,

Boston, Feb. 23, 1859.

CHAS. D. HOMANS, M.D.,

Secretary of Suffolk District Medical Society.

Communications Received.—Vesico-Vaginal Fistula.—Parasitical Disease of the Scalp.—“The Woman who lives without Eating.”

Deaths in Boston for the week ending Saturday noon, February 26th, 63. Males, 38—Females, 25.—Apoplexy, 1— inflammation of the bowels, 1— inflammation of the brain, 1— consumption, 20— croup, 2— dropsy, 3— dropsy in the head, 2— infantile diseases, 6— puerperal, 1— diabetes, 1— erysipelas, 1— scarlet fever, 2— typhoid fever, 1— disease of the heart, 1— intemperance, 1— jaundice, 1— inflammation of the lungs, 7— disease of the liver, 1— marasmus, 1— old age, 2— palsy, 1— pleurisy, 1— scrofula, 1— teething, 3— tumor (in stomach), 1.

Under 5 years, 20— between 5 and 20 years, 2— between 20 and 40 years, 18— between 40 and 60 years, 14— above 60 years, 9. Born in the United States, 43— Ireland, 17— other places, 3.

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THURSDAY, MARCH 10, 1859.

No. 6.

“THE WOMAN WHO LIVES WITHOUT EATING.”

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having seen several notices of the above case in newspapers, and hearing still more from persons who had seen this “living miracle,” I made her a visit a few days since, for the purpose of learning more fully and accurately her real state.

Her name is Betsy Hays. She lives in the town of Horicon, Warren County—some sixty miles from our village (Saratoga Springs).

I found her lying upon her back, with her head drawn so far over that I could only see her chin, her face looking back toward the walls of the room. The first impression on seeing her, was such as one gets from a severe case of hysteria. She seemed generally convulsed, tremulous, and rigid. She had been in this condition for a long time. I learned from those who often see her, as well as from her husband, that she usually presents the same appearance. She looks fresh, and is not emaciated. Her body is warm, and the skin very clear and soft. Her respiration is very irregular. The pulse was small and threadlike, but I found it difficult to ascertain accurately its frequency, so constantly were the muscles moving. I should think it something over a hundred. Her husband (who seems a simple, honest-minded man) told me her age was 28, and that she had never been sick—until about four years ago, when her present illness commenced—except at her confinements. She is the mother of four children.

Four years ago, she was taken with pain in her back and hips, inability to walk, in fact with all the symptoms of falling of the womb. This was in November. In June following she became worse, lost her eyesight, and in July was taken with spasms. These increased in violence. They would sometimes last for weeks; then she would recover consciousness, converse, take some light food, and again relapse into the same state.

For the space of two years from last June, she has not taken any food of any kind or description. She took a tablespoonful of cold water once in a few days, until February, *two years ago*—

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since which time she has *neither ate nor drank*. Her respiration, which I said was irregular, is at times apparently suspended for an hour and even more than that, often for fifteen or twenty minutes. Her face and neck become very livid at such times, and there is a choking sound in the throat. During the spasms, she sometimes raises herself up in bed, her head still thrown backward, and then down again on the pillow with great force.

She has had no dejections from the bowels, nor any secretion of urine, for the *last two years*. Her feet are cramped, and most of the time the left foot rests upon the instep of the right. Her toes are drawn under and imbedded in the flesh, and her feet are drawn under to such a degree that they present almost the appearance of *club feet*. The left hand, with the fingers tensely flexed, is pressed against the left side, where it permanently remains. It required great strength to raise it an inch from her body. The right hand is cramped and the fingers flexed, but she is continually striking her stomach with it, when the spasms are violent. At such times her jaw is dislocated and thrown into its place with great rapidity, making a noise that can be heard across the room.

Such is the state of this extraordinary woman. We can dispose of the case very easily by saying that it is one of "successful fraud and deception," as the State Medical Society have just done at their annual meeting in Albany.

The Society, no doubt, came to such conclusions by the evidence placed before them; but as one of your best jury lawyers in Massachusetts said, "he wanted to *see* the testimony as well as hear it," so, in this case, one cannot tell all about it. You want to see it; you want to see the room, the husband and children, and talk with them, the neighbors, and those who have seen the most of this wonderful woman; you want to put your hands on those rigid muscles, and then watch the suspended breath, with the whole body quivering with the tenseness of the convulsions until you are obliged to turn away for your own relief. I say one wants to see all these phenomena, and then learn that there can be no motive for the deception, no reward for all this suffering, no object, no inducement. One wants to see all this, and he will be strongly inclined to call it *no fraud*.

An article in *Blackwood's Magazine*, and republished in the April number of the *Eclectic Magazine*, on the "Phenomena of Hunger and Thirst," relates several such cases, some of which lived from four to eight years. They were mostly reported in the *Philosophical Transactions*. The writer disposes of them in this manner: "It is rather startling to find so learned a physiologist as M. Bérard recording such cases, and trying to explain them. The possibility of deception and exaggeration is so great, that we are tempted to reject almost every one of these cases, rather than reject all physiological teachings." But, M. Bérard says:—

"Admitting that there has been deception in some of these cases, and that the love of the marvellous has presided over the narration of others, we cannot refuse to believe that some are authentic. Every year such cases are registered."

L. E. WHITING.

Saratoga Springs, Feb. 22, 1859.

LECTURES ON ASTHMA.

DELIVERED AT HOTEL DIEU, BY PROF. TROUSSEAU.

[Translated from the *Gazette des Hopitaux* of Oct. 5th, 1858, for the Boston Med. and Surg. Journal.]

LECTURE V.—THE DIATHESIS WITH WHICH IT IS ASSOCIATED.

I HAVE said, in the preceding lecture, that asthma is a nervous disorder, most commonly associated with a chronic diathesis; it is this which I propose to try to demonstrate at the present time.

Permit me, while on this subject, to enter into some details which will not be without interest. A man is attacked with asthma at the age of 50. Up to that time he had never had an attack, but in his youth he had had a manifestation of an impetiginous, or herpetic diathesis; he had been subject to eczemas, the most common sign of this diathesis. Nothing is more common, also, than the change of rheumatism or gout into asthma. I have known a woman to have attacks of gout and asthma alternating very regularly with each other. Sometimes two attacks of gout succeeded each other; at other times there were two attacks of asthma, or perhaps an attack of one supervened on an attack of the other. Never had she at the same time both diseases.

Thus gout, rheumatism, gravel, hæmorrhoids, cutaneous eruptions, are the diseases which may replace asthma, and which asthma may replace, as the different expressions of the same diathesis. There is still another affection which should be mentioned—it is headache.

Many of the subjects of periodic headache are gouty, or rheumatic, or affected with hæmorrhoids, or were born of parents who were so. As an example of these constitutional changes I will cite the following fact, the first which struck my attention at the beginning of my practice.

I was on terms of intimacy with an English major, who for a long time had been subject to turns of headache, which returned with such regularity every second Wednesday that he knew, almost to an hour, when the attacks would come on. These were so regular that—a still more extraordinary circumstance—he knew when they would terminate. They lasted some hours and then left him in a state of perfect health. These headaches, of which he had felt the first attacks during his residence in the Antilles, still occurred when he visited Paris, where I made his acquaintance. He was heartily tired of them, and begged me one day to rid him of them at any cost. This was in 1824. I was then ignorant of the

true nature of these headaches, and, in compliance with the advice of some of my confrères, I made my patient take the Scotch pills in large doses. Under the influence of these repeated purgatives, the attacks lost their periodicity, but the health of the Major was far from improving. Before, when the attack was over, he found himself in a state of comfort which contrasted with the malaise which he felt when they were coming on. It was with him as with those who are under the influence of a gouty, rheumatic, hæmorrhoidal, or other diathesis; their attacks, preceded by a general condition of discomfort often indefinable, are consolations to them in this respect, that their crises are but necessary evils.

My patient established himself for the season at Fontainebleau, where I went to see him from time to time. One morning he aroused me to show me his foot, from which he was suffering atrociously. I found swelling, with considerable redness; it was very plainly an attack of gout. Not knowing yet how these turns should be regarded—not knowing that periodic headache and gout are sisters—submitting, in spite of the principles of my medical education—submitting to the influence of the doctrines of Broussais, then in vogue, I had recourse to his antiphlogistic treatment. Thirty leeches, emollient poultices sprinkled with laudanum, were applied to the part; the gout yielded, but from that day the patient lost his usual good health. A second attack had the character of mild, atonic gout; and not only his health was impaired, but his moral nature, his intelligence, were affected and modified. My patient lost his vivacity and buoyancy of spirits, he became dull, heavy and indifferent. Finally, he had an attack of apoplexy, and two years after he succumbed to a second attack.

Here you have a demonstration of the transformation of periodic headaches into gout; I will give you instances of other similar transformations, and particularly of the change of cutaneous affections, rheumatism, gout, gravel, hæmorrhoids and periodic headache into asthma. You will have occasion, only too often, in watching your cases, to observe these changes.

There is another diathesis, different from those of which I have been speaking to you, of which asthma may be the manifestation—it is the tuberculous diathesis.

Tuberculous parents may give birth to asthmatic children, and asthmatic parents may give birth to tuberculous children. It is remarkable that asthma, which seems so slight a thing in regard to the organic lesion which accompanies it, when it does not cause emphysema, answers, under some circumstances, to a constitutional affection with so considerable a local expression as the tuberculous diathesis.

To return to the eczematous, rheumatic, gouty, hæmorrhoidal, &c., diatheses, it is also remarkable that when the patients have not, at the usual time, the manifestations to which they have been accustomed—an attack of articular gout in the gouty, a hæmorrhoi-

dal flux in those who have been accustomed to it—they experience, in a great number of instances, in very great severity, troubles of the nervous system, spasms of the stomach, or intestines, or hypochondriasis, which often indeed precede, but in a less degree of intensity, the regular attacks. These spasmodic accidents take the form of asthma, when they have for their seat the pulmonary apparatus.

By one of those strange coincidences which we often see in hospitals, a man who entered our wards on the 9th of August last, gives us an example which may serve for a complete demonstration of all that I have said.

This patient, aged 31 years, has been asthmatic since the age of 13. Up to that time, he had not felt the slightest symptom of that affection. Living with children of his own age, he entered into their sports, ran as well as they, gave himself up like the rest—without feeling the least inconvenience—to all the games of childhood. His first attack came on without any appreciable cause. He was taken at three o'clock in the afternoon, and the attack lasted four or five hours, assuming, according to the account which he has given me, the form of a catarrh of such intensity as to cause great anxiety to his family and physicians.

Five years after, these attacks of asthma took a more regular form. They came on always about the same time, between one and two o'clock in the morning. You will at once observe the circumstance on which I have so much insisted with regard to the hour of the appearance of these attacks. The patient has told us, and you have heard him, that generally these attacks came on violently on those occasions when, on retiring, he shook up the straw mattress of his bed; they were occasioned, he added, by the dust which he breathed during this operation. Ordinarily the attack was not renewed, and the patient remained six months without a repetition. At present they return more frequently, about every six weeks, and last three days; that is to say, during three days he suffers continual discomfort, a sense of constriction in the chest, which makes it impossible for him to work, coming on at night with renewed intensity, usually diminishing at daylight, but sometimes increasing in severity at that time.

A remarkable fact, which this man has of his own accord pointed out to us, is, that his expectoration presents characters essentially different before and after the attack. While it lasts, there is no expectoration; before, it is made up of small sputa, thick and globular, which he compares to the germ of a hen's egg, and which consequently present all the characters of the pearl-like sputa; after the attack the sputa are muco-purulent; you have seen them in the cup; they differ in no respect from those of the most simple catarrh.

With regard to the expectoration, the fact of the sputa being pearl-like before the attack, that is to say, when there is no dis-

comfort nor oppression, consequently no asthma, while the dyspnoea is not accompanied by any expectoration, and is followed by a catarrhal expectoration of the most simple character—with regard to the expectoration, I say, this case is an example directly opposed to theory of M. Beau.

In this case also you will be reminded of what I have told you of the different forms of this disease in childhood and adult age; what I have said of its time of appearance, and its course; you will also notice the relation of his disease to his diathesis. For this man, born of a gouty mother, and an epileptic father, has been himself subject to headaches.

Considering that this man has been affected with asthma since the age of thirteen, and is now thirty-one, we should anticipate the existence of pulmonary emphysema as a sequel; we have, in fact, found all the signs of it.

Finally, this case is as yet incomplete in regard to what relates to treatment. When the attack comes on, our patient springs from his bed, heats some water, and immediately takes a foot-bath, which ordinarily relieves him. At other times he is obliged to go to the window, whatever the weather may be, whether hot or cold, and the fresh night air relieves him. If asthma were a catarrh, would such treatment help him? Stramonium has been to him but a feeble resource, and he has suffered great inconvenience from the use of ammonia, of which I shall speak presently. Here you will find that asthma has its therapeutic freaks, just as before you have seen it has its pathological freaks. Like all nervous disorders, indeed, this disease often yields to very different means, according to the individual case, and these means experience alone indicates to the patient and his medical attendants as beneficial.

We have seen that usually asthmatics seek the fresh air; there are some, on the contrary, who find no relief to their attacks but by turning their backs directly to a blazing fire, and our patient has told you that a warm foot-bath relieves him. If it were necessary to cite here all the remedies, more or less extraordinary, to which some of these patients have recourse to cut short their attacks, we should have a long list indeed. I have known one of them, a brother of the old Chancellor of the Chamber of Peers, who, when he was taken with asthma, was accustomed to light in his chamber four, five or six carcel lamps, from which he found immediate relief. Another patient, subject to diurnal attacks, mounted his horse, and, starting off at a fast trot against the wind, obtained relief.

These are strange facts to be sure—exceptional; but it was important to mention them, for they are new proofs of the essentially nervous character of the disease.

S. L. A.

VESICO-VAGINAL FISTULA CURED BY SILVER SUTURES.

BY C. M. RUBLEE, M.D., MONTPELIER, VT.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. H——, aged 32, of good health, consulted me on account of a vesico-vaginal fistula. Six years ago she was delivered of her first child by instruments.

Upon examination, I found the fistula, situated about one inch and a half behind the meatus urinarius, and three fourths of an inch in length. From the birth of her child until she was operated upon, all the urine passed through the fistula. Occasionally, when in a horizontal position, there was no escape of urine for two or three hours; but when in an erect position, it was constantly dribbling, causing great distress.

The fifteenth day of January last, assisted by Drs. Clark and Joyslin, I operated, with entire success. Eight sutures were required. The edges of the fistula were freely removed, also the mucous membrane of the vagina, for about one third of an inch, thus presenting a large surface, with a view of increasing the chance of union. The needles were entered half an inch anterior to the scarified edge of the fistula, so as to include the entire denuded surface, pushed deeply into the vesical septum, carried across to the opposite side at a point corresponding with its direction anteriorly, and the sutures twisted so as to bring the edges of the fistula into exact apposition. The operation completed, a self-retaining catheter was passed into the bladder, the patient was placed in bed, and allowed to lie on either side, or on the back.

The fourth day an examination was made, and the fistula appeared to be perfectly closed, and the urine all flowed through the catheter. Patient very comfortable.

The sutures were not removed until the eighteenth day, neither was there during this time a movement from the bowels, as a sufficient quantity of morphine was given to prevent it. The next day after the sutures were removed, the patient was allowed to sit up a portion of the time, but was to continue the use of the catheter. The fistula was entirely closed, and appeared to be firm, and all the urine passed through the catheter. The patient reports herself well as ever, with the exception of some irritability of the bladder, and has not yet gained entire control over the meatus, but is not obliged to use the catheter.

This is the third operation which has been performed upon this patient. The first was in May last, another in August; both operations completely failed. The first was done with silver sutures, and all was right until the third day, when the catheter was allowed to get obstructed, the bladder filled with urine, and so much pressure was produced as to tear out the stitches. Had I introduced the sutures, as I ought, at a greater distance from the edges

of the fistula, and pushed the needles deeply into the vesical septum, I have no doubt that the result would have been favorable.

The second operation failed, as I am quite sure, in consequence of a mistake on my part, in not extending the scarifications sufficiently upon the vaginal surface around the fistula. Again, I think eight sutures were required, instead of four, the number used.

While in New York, the past winter, I had an opportunity of witnessing an operation for vesico-vaginal fistula, by Dr. Sims, and I take pleasure in saying, that I attribute the success I have had in this case entirely to my adopting his mode of operating. I am very confident that nearly every case of vesico-vaginal fistula can be cured by faithfully adopting those principles of treatment laid down by him.

Montpelier, Feb. 15, 1859.

PUMPKIN-SEEDS IN TAPE WORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In your valuable JOURNAL of Oct. 8th, 1851, is an article "On Cure for Tape Worm," which I have recently had occasion to look up, and, fortunately finding, I sent it to a suffering lady in Plymouth, on Friday evening last, together with the seeds of a marrow squash, as a substitute for the seed of the Cuba pumpkin, which latter was not to be found, after diligent search—together with a few lines of explanation and encouragement to make the trial. Yesterday, the husband of this lady called on me to express the overflowing measure of his gratitude, as also the gratitude and thanks of his wife, for the interest which a stranger to both had so unexpectedly taken in her case of eighteen months standing, and to relate to me the entire success of the trial. The remedy was taken on a fasting stomach, and in about eight hours the patient was relieved, on the 13th inst., by the unconditional surrender of the enemy; and I have the husband's promise that the larger part, with the head, shall be sent to me. He estimates the entire length at about ten yards. Several parts and pieces were thrown away; that retained in a glass jar, being only about half the entire length.

Deeming it desirable that the knowledge of this very simple and efficacious remedy should be spread broad-cast through our community, I beg to ask your consent to re-publish the said article in one or more of the evening papers of this city.

Your friend, truly,

RICHARD SOULE.

Boston, Feb. 15, 1859.

[The following is the Recipe referred to by Mr. Soule, and is re-printed here, for the benefit of any who may be disposed to try it as a simple remedy in a most troublesome complaint.]

Cure for Tape Worm.—Procure sufficient seed of the pump-

kin (those grown in the West Indies are the best) to make two ounces after removing the outside shell of the seed; put them into a mortar and add half a pint of water; pound them well up, and make a liquid orgeat of them, which strain through a cloth. Drink this mixture in the morning on a fasting stomach. If it does not operate in the course of an hour and a half, take one ounce of castor oil. Drink all the time as much fresh cool water as the stomach can bear or contain; that is, drench yourself with water. After taking the orgeat, if the stomach is well rubbed with ether, and an injection of about 60 drops of it is taken, you will find it an assistant to the orgeat, but this may not be necessary. Should the first application of the remedy not answer, repeat it the next morning, and there is no doubt your complaint will be removed. The worm will leave the patient all at once, and probably entire. This can be ascertained by finding the small end or head of it, which tapers off almost to a point.

CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Jan. 10, 1859, I was called to go five miles to see Mrs. C., aged 29, in labor with her first child, having convulsions, and being in the care of a midwife. ✓

On my arrival at the house I was told that she was better, but before I had entered her room or five minutes had elapsed, she went into another fit which was truly frightful. Seeing at a glance that she was a strong plethoric subject, I lost no time in taking thirty ounces of blood, she, all the while, remaining under the influence of the convulsion, and wholly insensible. On examination, I found the head of the child had passed to the lower strait of the pelvis, and being told that it had remained some time in that position, and that she had been in active labor for seven or eight hours, I proceeded at once to deliver with forceps. After having attended to the delivery of the placenta and checking the flowing, which was considerable, I gave chloric ether, 3 i., opii, gr. i., and applied snow to the back of the head and neck, which was kept up for an hour or more; and in about half an hour from the time of administering the ether and opium, gave tr. aconite, gr. i. in water, and repeated the dose once or twice, at intervals of twenty or thirty minutes, her pulse being frequent and full. In the course of the night consciousness gradually returned, and by 8, next morning, she was in a comfortable condition, having had no more severe convulsions after delivery. With one drawback in her case, everything proceeded to entire satisfaction from that time forward. Owing to a lack of assistance, such as was needed (our midwife taking exceptions at my proceedings, and there being no one else present to rely upon), the perinæum was

not properly supported and became somewhat seriously lacerated, though not to the extent of destroying the action of the sphincter ani, or, with present prospects, of any permanent inconvenience.

The child, as might be expected, was dead when delivered. It was a male, and the head, as well as I could judge without measurement, was rather larger than the average. This woman had been having pains all through the day and night of the 9th, and I was told that the membranes ruptured in the middle of the night of the 9th, but strong expulsive pains commenced, as near as I could learn, about 12, M., or a little later, on the 10th. Her health, previous to this confinement, had always been good.

Plainfield, Ill., Feb. 10, 1859.

P. K. G.

PARASITICAL DISEASE OF THE SCALP.

BY P. PINEO, M. D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case is new to me, and seems of sufficient interest to report to your valuable Journal, which comes to us weekly, filled with excellent matter. I have received its weekly visitations for nearly twelve years, and you will pardon me for saying, that never has it more fully answered the wants of the general practitioner than under its present able management.

Mrs. B., nearly six years ago, received a severe blow on the sinciput, near the coronal suture. About three weeks subsequently, a pustular eruption appeared on the scalp, which has continued to trouble her in spite of all treatment instituted by the many physicians whom she has consulted.

I was called to see Mrs. B., about one year ago, and found pustules on the scalp, in different stages of development and decline, conical, with more or less infiltration about the base.

From 2 to 6 or 8 of these pustules appeared at a time, attended with peculiar, uncomfortable sensations, and darting pains; they would suppurate, the hair fall out, and gradually diminish and disappear, to be followed by successive crops. The age of the lady is about 50 years, and she enjoys in other respects tolerable health, although somewhat anæmic. I diagnosticated the case to be an impetiginous disease. Prescribed an alterative and tonic treatment, with an alkaline lotion to the scalp, and frequent washing with soap, and friction with citrine ointment.

After a few months treatment, the patient not improving, I advised the pustules to be laid open freely, as we would treat a furunculus. This practice was followed faithfully for months. The changes of the different alteratives and tonics were faithfully rung, but the disease still persisted, with little or no alteration. I consulted many physicians, who coincided with the general plan of treatment.

In January, while in Boston, I consulted Dr. Bowditch, and other physicians. Dr. B. advised me to call upon Dr. J. C. White, at the *Hotel Pelham*, who has recently returned from Vienna, paying him the handsome compliment of saying, "if any one would give me valuable suggestions, he would."

Dr. White thought, from the history of the case, it was probably a parasitical disease of the hair-bulbs, which the microscope would determine definitively. The process of cure would be to pull out the hairs and apply absolute alcohol.

On my return home, a further examination of the case convinced me that Dr. White's diagnosis was the true one.

The consultation with Dr. W., I stated to my patient, and advised pulling the hair with hair-forceps, and applying alcohol.

So faithful was she in following my directions, that she and her husband have already pulled almost every hair from the head.

My patient and her friends stated to me that the enlarged hair bulbs could be seen to move very plainly, on holding them near the light. The sensation in the pustules is described by the patient "as though there were living creatures there, wriggling about."

The evidences were such that I did not deem the microscope necessary to decide its parasitical nature.

In connection with the above treatment, she takes powdered colombo, super-carbonate of soda, and precipitated carbonate of iron. The case now promises a speedy recovery.

Queechy, Vt., March 5, 1859.

Bibliographical Notices.

A Practical Treatise on the Diseases of Children. By D. FRANCIS CONDIE, M.D., Fellow of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society, etc. Fifth edition, revised and enlarged. Philadelphia: Blanchard & Lea. 1858. Pp. 762.

This excellent treatise was first published, we believe, in 1853; and its having attained to a fifth edition since then, is sufficient proof of its popularity and the reliability of its teachings. Dr. Condie is well known as an excellent practitioner and a thorough student; and he has favored the profession with many evidences of his powers as an observer and his skill as a writer. We believe that practitioners will find the present work all they can desire in regard to the very important topics of which it treats. We need not specify either its arrangement or its various subjects—these are already well known. It will be sufficient to present the author's statements in regard to this edition—statements we are entirely willing to take from a gentleman of his character; for we do not think him one of that class of writers who *profess* to have "thoroughly revised," etc., etc., without having done so, and whose "new editions" are too frequently only the old one with a new title-page. In the advertisement to the present edi-

tion, we read as follows:—"To present a complete and faithful exposition of the pathology and therapeutics of the maladies incident to the earlier stages of existence—a full and exact account of the diseases of infancy and childhood, has been the aim of the author of the present treatise. For the furtherance of this object, in the preparation of a fifth edition, the entire work has been subjected to a careful and thorough revision—a considerable portion of it has been entirely re-written, and several new chapters have been added.

"In the different sections will be found incorporated every important observation in reference to the diseases of which they treat, that has been recorded since the appearance of the last edition; and in the several new chapters, an account of some affections omitted in former editions, and for the accurate description and satisfactory management of which we are indebted mainly to the labors of recent observers."

We are constrained to remark an omission, and, as it seems to us, one of signal importance, in the section devoted to the consideration of the asphyxia of new-born infants—viz., that no mention is made of the postural, or Marshall Hall method for resuscitation—a method which has now become so familiar and so successful, throughout the world we may say, not only for the removal of the asphyxia of submerged persons, but, in very numerous cases, also, of that of the apparently still-born. Excellent as the mode of insufflation is, we should not, ourselves, even think of it, in these cases, at the present day. We have had a few opportunities of trying the postural method and such as were fair test-cases, and nothing could have been more satisfactory. Indeed, in these instances, it was far easier and more rapid than the process by insufflation. Dr. Condie's omission is the more noticeable, because, in his very complete list of the authorities referred to in his volume, he cites Dr. Hall upon other subjects. We think we cannot have passed over a reference by our author to this method, since we have scrutinized his pages closely and with much satisfaction. We rather insist on this point, because we believe the measure one which ought to be tried among the first, if not the first, instead of the last, in these cases; and we hold it to be superior to the inflation-process which our author puts at the head "of all the means employed in cases of suspended respiration in new-born infants."

The work is admirably printed, in the usual style of the enterprising publishers, and is for sale by Messrs. Brown, Taggard & Chase, Ticknor & Fields, and we presume at other book-stores in this city.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. CHARLES D. HOMANS, M.D., SECRETARY.

Foreign Body in the Air-Passages for five weeks. Case reported by Dr. A. B. HALL.

The patient was a boy of 15 years. His health was usually good, save that at times he suffered from slight cough. May 7th, he was eating pork steak for dinner, and, while in the act of laughing, was suddenly attacked with a violent paroxysm of coughing. His face

became suffused, purple, and he exhibited the signs of partial strangulation. Upon recovery, he said that he had swallowed a bone. No attention was paid to this remark, though his respiration continued to be more hurried than ordinarily. After dinner, he went to his work, but coughed much on the way, and vomited what he had eaten, and the next day was obliged to stay in the house. Symptoms of bronchitis appeared, his appetite failed, his breath became offensive, and he had night sweats, together with a desire to raise something which would not come up.

In a week, the patient was seen by a physician, who, not suspecting the existence of a foreign body in the lungs, prescribed for the bronchial inflammation.

He was first seen by the reporter on May 31st. At that time he had a pulse of 90, some fever, respiration a little hurried, tongue coated, cough and some frothy expectoration, no appetite, and he had lost some flesh. Nothing was noticed in the examination of the chest to lead to a suspicion of the true cause of the disturbed state of the system. Expectorant remedies were ordered, with rest, until the feverish excitement should subside.

He soon became better, the cough and expectoration diminished, the appetite returned, and he seemed annoyed only by an occasional fit of coughing. In one of these, June 11th, thirty-five days after the first attack, he expectorated a solid substance, upon seeing which, he exclaimed, "here is the bone I swallowed."

The fact that he had swallowed a bone had never been mentioned, or thought of, by any member of the family, since the day the accident occurred. It was evidently a piece of flat bone, having a pyramidal shape, two sides of the base being about one third of an inch in diameter, the other two sides one fourth of an inch. At the apex, the diameter was 1-4 inch, with sharp rough edges projecting from three corners. The length was about 1-3 of an inch.

After its expulsion, the cough entirely ceased.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 10, 1859.

MASSACHUSETTS GENERAL HOSPITAL.

From the Annual Report of this Institution, just printed, we learn that 1015 patients have been admitted during the last year, of whom 629 were males, and 386 females; being an increase over the two preceding years. The number discharged, well, was 514; 85 were much relieved, 144 were relieved, and 127 died. The number of cases of accident admitted was 186. The Report of the Physician to Out-door Patients exhibits a large increase in the number of that class of patients over last year, being 2223, in place of 1574; a proof, if any were needed, of the benefits conferred upon the whole community by this Institution. In fact, this department of the Hospital performs the functions of a second Dispensary, all the more needed in this section of the city, so distant from the Central Office of that Institution.

Several changes have been made during the past year in the regula-

tions and arrangements of the Hospital, the most important of which is the appointment of a Resident Physician, and a Steward, who perform the duties hitherto discharged by a superintendent. The advantage of having a medical man always on the premises is obvious, and, we doubt not, the new arrangement will prove highly satisfactory. Under the efficient management of Dr. B. S. Shaw many useful reforms have been introduced, and the economy of the house has been greatly promoted.

Among the most interesting features of the Report, is the announcement of the reception of the valuable library of the late Dr. T. G. Treadwell, of Salem, which was bequeathed by him to the Hospital. It will be recollected that Dr. Treadwell left a large amount of property to Harvard College, on certain conditions, which, as we stated at the time, would render the acceptance of the trust by the College almost impossible; and, in fact, the Corporation declined receiving the legacy, which consequently reverted to the Hospital. The amount of this bequest is about \$40,000. The library was originally left to the Hospital, where it has been placed in a convenient room. It is an extremely valuable collection, containing, besides many rare and costly works, a very complete set of American and foreign journals. We regret that the conditions of the bequest required the most rigid rules and regulations to be imposed upon the use of the library, so that the great service which it might render to the profession of this city will be somewhat restricted.

The Resident Physician calls attention to the fact that notwithstanding the number of free patients was much larger than ever before, their average time has been essentially reduced, so that, by limiting their term of stay "to the period when they actually need medical or hygienic treatment, rather than retaining them for the purpose of affording them a comfortable home, the benefits of the Institution have been extended to a larger number than ever before enjoyed them." Owing to this reduction in the time of patients, the number admitted, large as it was, proved insufficient to raise the average number in the house at any one time to that of last year, so that accommodations might have been furnished to a considerably larger number.

This fact might seem of much significance in relation to the efforts which have been made of late for the establishment of a free City Hospital. How can such a hospital be needed, when there is already accommodation at the Massachusetts General Hospital for more than apply? The reason is, that the class of cases for which a City Hospital is especially needed, is different from that which ought to seek relief in the present one. As a general rule, chronic cases, except when susceptible of cure, or of very decided and permanent relief, are refused at the Massachusetts General Hospital, in order that the limited accommodations may be extended to such patients as can be especially benefited by hospital treatment. It is true, that during the past year, the house would have accommodated more than it actually contained; but it must be remembered that the past year was an unusually healthy one, and this excess of accommodation is not likely to occur again. But, on the other hand, a hospital where the poor can go to die, where they can be received, suffering from no matter what disease, where no questions will be asked, is very much needed. It will scarcely be believed that in Boston we have no lying-in hospital. Those women who are obliged to resort to such a shelter must go to

the Deer Island or Rainsford Island Hospital, where they will associate with paupers and criminals.

An effort has been made, within a year or two, to supply in an humble way this deficiency. A hospital with twelve beds, for incurable women, has been wholly supported by voluntary contributions, in Channing street, Drs. C. D. Homans and J. N. Borland having volunteered their professional services in its behalf. This institution, which, we believe, owed its origin to the efforts of a benevolent woman in humble life, Harriet Ryan, is now greatly in want of money to carry it on, and a fair is to be held at the Music Hall on Tuesday, the 22d inst., the profits of which will be given for its support. We trust the community will encourage liberally this useful and benevolent undertaking.

Dr. Tyler, the Superintendent of the McLean Asylum for the Insane (a department of this Hospital), reports that the number of patients is 186, of whom 87 are males and 91 females. During the past year 155 have been admitted, and 147 have been discharged, of whom 72 were recovered, 17 were "much improved," 12 were "improved," 15 were not improved, 6 were not treated, and 9 died. Dr. Tyler thinks that the commercial disasters, and the extraordinary religious excitement, which have prevailed of late, have been the cause of a large proportion of the mental diseases of the past year or two. At the same time, he states that the total amount of insanity has not increased, but, on the contrary, rather diminished during this period; since, "while the agencies referred to have, in some instances, *produced* insanity, they have, undoubtedly, often *prevented* its occurrence. They have pre-occupied the public mind, and entirely supplanted other influences of a lower, but more dangerous character, which had been rife in the community."

We believe there are few institutions in the world that are better managed, that are more successful in the results of treatment, that are more useful to the community in which they are situated, or more worthy of the support of the benevolent, than the Massachusetts General Hospital.

"THE WOMAN WHO LIVES WITHOUT EATING."

UNDER this caption, we to-day publish an article furnished by a highly respectable physician of the State of New York; but take occasion to give our opinion as to certain of the statements, in the truth of which we have no confidence whatever. We must not be understood as impugning the veracity of the reporter of the case; and, in respect to the phenomena which he personally observed, we would say that we do not doubt them at all. Such phenomena are not unusual, however, although in different cases there are various manifestations. It is only in regard to statements which were made to the reporter, that we demur—as all medical men do—or should—to the relations and *dicta* of friends and by-standers. Few, if any, reports on medical and surgical points are worthy of trust, unless furnished by a physician or surgeon who has seen everything of which he writes or speaks. Now, Dr. Whiting was not present with this patient for the entire "two years" during which, he informs us in his paper, "she has had no dejections from the bowels, nor any secretion of urine;" and he ought to know that this assertion implies a physical impossibility, and is an absurdity. Nor is it any more within the bounds of belief, that "for the space of

two years from last June, she [the patient] has not taken any food of any kind or description ;” nor that she has swallowed any liquids for two years from this last February. We repeat, neither of these assertions are at all credible, nor are such things even possible. It is only a day or two since we read, with great interest, in the *London Lancet*, an account, very ably drawn up, explaining the astounding phenomena manifested by a young girl laboring under the severest and most melancholy form of hysteria. The ingenuity displayed by this patient in deceiving those who closely watched her in order to detect her in taking food and drinks, and in urinating, all which, *seemingly*, she did not do—was perfectly marvellous ; yet finally she was caught, at midnight, in the act of eating ; and linen recently soaked in urine was found in a closet near at hand, but not previously examined. This account may be read in a recent number of the *Lancet*, under the caption, “The Dead Alive.”

Thus, our correspondent will see—and we conclude he has long known—that apparently inscrutable mystery, in this class of cases, is often at last unravelled ; although only after tedious and untiring efforts. We fearlessly express our belief that such *espionage*, properly established and duly maintained over the patient *he visited only once*, would reveal enough to make him change his present inclination “to call it no fraud.” Hysteria gives rise to a wonderful series of performances ; and we are ready to credit almost anything but the grave averment that a human being can exist two whole years without taking a particle of food or of drinks, and without having any fæcal discharge or renal secretion and flow. The one set of phenomena, it is true, have such a dependence upon the other, that *if the first be proved*, the second—so far at least as the fæcal evacuation is concerned—might be considered a sequence. But, *prove* the first !

CLINICS.—THE NEW YORK MEDICAL PRESS.

THE *New York Medical Press*, in its issue of the 19th ult., refers to us as saying that while we admit and approve of the “colloquial” style of conducting clinical instruction, we are opposed to the *publication* of the colloquies. We hold, that to say a clinic could be conducted in other than colloquial style, would be to say there must be no talking—no questions asked and of course no answers given, all which being absurd, we will not enlarge upon the point. The *Press* knows very well what we intended by our previous remarks upon clinics as reported in its pages, especially “jocose clinics,” and it is mere quibbling to reply as it has. We never objected to the publication of proper clinical conversation, but only to that bespattering of the pages of a medical journal, which either reminds one of the record of proceedings at a political caucus, or else, giving every irrelevant and relevant word—no matter whether the latter be essential or not—shows up the manager of the clinic and his patients in a way that is not only out of taste, but absolutely improper—not to say, at times, indecent. Nor do we like any better that false, *ad captandum* style of small-talk between the Professor or clinical teacher and his patients, with which we have several times been regaled in the pages of the *Press*. Lately, we remark an absence of this vicious element ; “*Ohe ! jam satis*,” etc.

We are grateful to our New York brethren for their gratuitous advice how to secure “many and satisfied readers.” They say we must fill our pages “with practical bed-side facts.” We are willing that

our readers should judge for themselves as to the number and value of the practical facts we furnish—both “bed-side” and other. As to their being satisfied, we shall not emit so positive opinions as do the Editors of the *Press* when speaking of themselves; but as to *numbers*, we may say that we hold our own.

We may add, that no slurs about “old-fogyism” or “prosy articles” will ever induce us to adopt a slang style, or to parade wit and “laughter” in unsuitable places.

When a journal, in the days of its neophyte condition, is obliged to spend so much of its breath in blowing its own laudatory trumpet, it gives all those who hear the blast the idea of its insecurity,^a and makes them fear that the exertion will be too much for its youth and inexperience.

RHODE ISLAND MEDICAL SOCIETY.

Wednesday, Feb. 15th, the members of the Rhode Island Medical Society held their Semi-annual Meeting at the Court House in East Greenwich. Notwithstanding the unfavorable weather, the attendance was unusually good.

After the appointment of delegates to the National Convention and the transaction of the general business of the Society, a sketch of the life of Solomon Drown, a communication, was read, being one of a series of biographical papers prepared to the memory of distinguished Rhode Island physicians. The Society then listened to the address of Dr. George A. Pierce, who very ably presented to the consideration of the members some new and ingenious views which have recently been advanced on the subject of syphilis.

At 2 o'clock, the Society met at the residence of the President, Dr. J. H. Eldredge, whose tables, furnished with admirable taste, were eloquent reminders of “our inner wants.” Rarely have we seen hospitalities more elegantly offered—seldom more graciously received. If the morning was offered to the physician, the afternoon was given to the man, to the cultivation of those generous sentiments, those larger sympathies which no where spring up and blossom with greater freshness and beauty than at the table.

We cannot but congratulate the members on the success of their re-union, feeling sure that so long as the harmony and good fellowship of this occasion continues, the interests of the Society shall know no detriment.

E. A. C.

“*Impudent Fraud.*”—“*Dr. Mattison.*”—We have just received a note from Dr. James H. Eldredge, of East Greenwich, R. I., in which he emphatically repudiates any voluntary connection with the advertisement of Mattison. Dr. Eldredge’s signature to the certificate “was obtained by fraudulent means some ten years ago.” At that time Mattison was reputed to be an honest and respectable practitioner—the complete antipodes, at all events, of what he is at present. In defiance of all remonstrance, he persists in using the names of highly respectable physicians, to advance his own ends. We trust the profession and the public will take note of the facts we have thus exposed.

PALMER'S ARTIFICIAL LEG.

MESSRS. EDITORS,—In your JOURNAL of the 17th ult., a letter appears over the signature of “D. DeForrest Douglass,” in which the writer, instead of stating facts, indulges to such length in tissues of falsehood and dishonest insinuations, that we are called upon to reply to a few of the most palpable of them. Aware of the fact that this individual may count as gain any mention of his name in so respectable a JOURNAL, we beg leave to state that no *direct* attack by him could have extorted a reply; but the wanton thrust at our reputation and the inventions of Mr. Palmer, through the *Eclectic College Journal*, seemed to demand a parrying blow. That was given, and hence the repeated insult which this assailant gladly adds to injury. This D. DeForrest Douglass states that he was for “four years” our foreman by our “urgent request and unanimous consent.” He *intimates* (but does not say it) that “all the most difficult cases” were entrusted to him—he being the only competent artizan in our employ. These falsehoods and intimations are worthy of the author of them, and we need only to introduce here a short letter from Peter Hubbell, Esq., President of the Monument Bank, Charlestown, to teach this self-appointed “foreman” a valuable lesson, which is the *alpha*, but not the *omega* of the tuition he has evoked, as our patients are quite ready to volunteer as many similar statements as he will be willing to read. But the single letter of a gentleman so well known as Mr. Hubbell, and who bears no ill will to our assailant, will suffice for the present.

Monument Bank, Charlestown, Feb. 25, 1859.

MESSRS. PALMER & Co.,—Gents: I notice in the *College Journal*, Cincinnati, the statement that Mr. Douglass was for several years the *best* workman of Palmer & Co. Having had some experience in using various forms of artificial legs, I have thought it best just to state that I have worn limbs of your manufacture for eleven years, and that they have been fitted by different persons in your employ with various *degrees* of success. Mr. Douglass fitted and adjusted (under your general direction) my limbs for several years, but since his absence from your shop, another of your artizans, now in your Boston House, has fitted a new leg for me, which gives *greater ease and comfort* than any I have ever before worn, and which I regard as most perfect, and *entirely* satisfactory.

I am induced to make this statement (which is quite at your disposal) solely for the benefit of the unfortunate, who should possess nothing less than the aid and comfort your *unequalled* artificial limb can alone afford.

Very respectfully yours,

P. HUBBELL.

This “D. DeForrest Douglass” states that a great many wearing the Palmer leg are requiring repairs. We have made about *three thousand* limbs, which (though some of them were made in the year 1846) are *now in use*, and we opine that when this individual has made as many of his *tejon and mortice* legs as we have made *hundreds of Palmer legs*, his experience will have proved so valuable that he will understand why so many Palmer legs need repairs as to keep him from executing new orders! We can cite numerous instances in which our limbs have been worn for five years without any repairs, and with entire satisfaction, but we are not certain that any of them were made by this great “foreman” in whom we “took no small pride.”

Perhaps it would trouble the editor of the *Scalpel* to exceed the satirical facetiousness of the “Examiner of the Patent Office,” who, notwithstanding *no patent had been granted* for this wonderful leg, and its durability had not been tested, declared that it was the most “*simple, durable and original*” leg that he had ever examined! The *Scalpel* would apply these three adjectives to the “original” *peg leg*, which we always thought was perfectly simple, incomparably durable, and supremely original.

Mr. Palmer, although he received *three separate patents*, did not have any such three words from the Examiner, who is not, we think, in the habit of saying so much except in cases so “simple” and “original” as not to allow of patents. This is really worthy of a place among the *facetiae* of “wooden-leg literature!” It is nearly as amusing as the statement that we “fire at arm’s length, over the shoulder of another.” Again, this D. De Forest Douglass is aggrieved because a jury of intelligent surgeons in Connecticut “could not answer” his mandate, when he challenged their “authority” for giving us a gold medal and giving him

nothing; and intimates that "they were unwilling to give an honest decision," because they were "our friends." This really is plain English. We can only suggest that this wonderful leg should be again and again shown beside ours, so that these jurors shall be compelled to do the "inventor" full justice.

We have not sent "circulars all over the country" or over any part of it, calling on people "not to patronize him," unless he accepts the term "charlatan, imitator, or pretender," which we did not apply to him. Mr. Richardson never saw the person this Douglass alludes to, in Worcester; but a patient there, was visited by Douglass, who took his measures. This patient became disgusted with his course, and came to us and paid \$150 for a leg. In reply to the insinuation that we went to him on four different occasions and "earnestly entreated" him to return to our employ, we have to say that Douglass left us, in wanton disregard of an express agreement with us, against which proceeding we went to him to remonstrate, as it left us minus a workman, for a time. He attempted to extort excessive pay, but failing in this, he offered to return for the wages he was having at the time he left, and for many months he pursued us with that view, even after we had refused to allow him to return unless he would do so at about *three fourths* of his former wages; and we finally prescribed such conditions on which he must return, if at all, that none but an honest man could accept and keep them—thus we dropped him. He asks, with characteristic disregard of fairness, why are our "six or eight workman" reduced to "two?" Instead of six or eight, we have had twenty men in constant employ; and now have need of several more. The "six or eight" alluded to, were only the "superior" ones. We have four in Boston, four in New York, and twelve in Philadelphia. The reader now has both sides of the case in full view, and, feeling much regret that there has arisen necessity for such an exposé, we remain

Very truly yours,

PALMER & Co.

Academy of Medicine—Deleterious Effects of Swill-Milk.—At the late regular meeting of the Academy of Medicine, a report was presented on behalf of the Committee to whom had been referred the matter of preparing a reply to Mayor TIEMANN'S inquiry as to the effect on the human system of the milk of swill-fed cows. The report was read by Dr. SAMUEL R. PERRY. Accompanying it was an elaborate statement of the investigations in reference to this subject, in which Dr. S. has been personally engaged for several months, and which he has pursued with great intelligence and assiduity. This statement shows that the condition in which swill-fed cows are kept gives undeniable evidence of the poisonous effects of their milk. Their stables, instead of giving forth the healthy aroma of country fed cattle, are pervaded by a sickening stench. The cows themselves are the victims of disease engendered by the food on which they live. Eighteen pounds of corn and a little straw given daily, is abundant to keep a cow in good flesh. But to obtain the same quantity of nutritive element from swill, 130 gallons of it must be taken daily; that is, 40 gallons to supply the nitrogen, 30 to supply the oleaginous matter, and 60 to supply the hydro-carbonate. In taking so much swill a cow will consume daily one quart of vinegar. In the course of the Doctor's experiments he found that this milk gave a strong acid reaction; and, from a series of results derived from personal observation, he had discovered that the milk of unhealthy women, living in damp cellars and eating bad food, or habitually intemperate, exhibited the same characteristic. Having thus established *prima facie* his case against swill-milk, the Doctor proceeded to furnish instances in which young children, born of healthy parents and healthy when born, or brought in a healthy condition from the country to the City, had incurred disease by the use of swill-milk and recovered when it was withheld from them. He exhibited numerous analyses of different kinds of milk and various microscopic drawings of swill-milk, showing in every case conferves and sporads. These were examined with much interest. The Academy resolved to send an engrossed copy of the report to Mayor TIEMANN, and return a vote of thanks to the Committee, who were then discharged.—*N. Y. Times.*

THE publication of the New Hampshire Journal of Medicine, as we learn from the last number of the New York *American Medical Monthly*, is to be discontinued hereafter.

American Medical Association.—The twelfth annual meeting of this Association will be held in Louisville, Ky., on Tuesday, May 3d, 1859. The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the Secretary, S. W. Bemiss, at Louisville, correct lists of their delegations, so soon as they may be appointed.

The convention of teachers, invoked by a resolution of the National Association, for the purpose of a general conference upon the best means of elevating the standard of medical education in this country, will meet in the same city on Monday, May 2d.

Medical journals throughout the United are requested to insert the above.

S. M. BEMISS, *Secretary Am. Med. Association.*

Deaths in Charleston, S. C.—During the month of December last, the deaths in Charleston, according to the Report of the City Registrar, Dr. Dawson, in the *Charleston Medical Journal*, were—whites, 40; blacks and colored, 38: while in the succeeding month of January they are reported as—whites, 20; blacks and colored, 70. The deaths by consumption in December were 5 in each of the two classes; in January, among the whites, 3; blacks and colored, 8. In the former month the deaths under 5 years were 6 in the first-named class, and none over 80 years; in the last named, 11 under 5 years, and 3 over 80 years. In January, 4 deaths under 5 years among the whites, and none over 70 years; among the blacks and colored, 28 under 5 years and 11 over 70 years.

The New York Dispensary.—From the Sixty-ninth Annual Report of the New York Dispensary, it appears that during the year ending Dec. 31, there were 32,713 patients attended at the Dispensary; and at their homes, 6,449. There were 5,004 cupping and dentistry patients, and 2,816 persons were vaccinated, making a total of patients treated of 47,032. The expenses during the year, including the salaries, medicines, and repairs, amounted to \$5,802 79, to which is to be added the balance, \$508 51, on the druggist's bill, still unpaid, and leaving in the treasury a balance of only \$23 19.—*New York Times.*

At the Annual Commencement of the Medical Department of the University of New York, the degree of Doctor of Medicine was conferred on 128 students, of whom 65 were from the Northern States and 63 from the Southern. Professor Draper delivered the valedictory. The Mott and Metcalfe prizes were awarded, and, by an innovation, courteously allowed by the Department.—*Idem.*

Croton Oil as an Epispastic.—M. Von Bastelaer, of the Antwerp Military Hospital, has contrived the following formula:—Recent lard 22, white wax 2, and croton oil 6 parts by weight. Melt the wax and lard by a gentle heat, and rub up in a heated mortar until the mass becomes cool, and then mix in the oil intimately. This pomade proves very useful when the influence of cantharides upon the urinary passages is feared.—*Bulletin de Thérapeutique.*

DR. SANFORD EASTMAN has been appointed Professor of Anatomy, and Dr. Austin Flint, Jr., Professor of Physiology and Microscopic Anatomy, in the Medical Department of the University of Buffalo.—Dr. John Forsyth Meigs has been elected one of the physicians to the Pennsylvania Hospital, in place of Dr. W. Pepper, resigned.

THE Dental College of Philadelphia held its annual commencement on the 1st instant, when twenty-five young gentlemen received the degree of Doctor in Dental Science—D.D.S.

DIED,—At Springfield, 28th ult., Dr. William Tully, 73.—At Batavia, N. Y., Dr. John Coles.

Deaths in Boston for the week ending Saturday noon, March 5th, 73. Males, 31—Females, 42.—Accident, 1—apoplexy, 2—anaemia, 1—inflammation of the brain, 2—congestion of the brain, 2—consumption, 15—convulsions, 2—croup, 3—dyspepsia, 2—dropsy, 3—dropsy in the head, 3—drowned, 1—debility, 3—infantile diseases, 3—erysipelas, 1—bilious fever, 1—scarlet fever, 6—disease of the heart, 3—hemorrhage (rupture of bloodvessel), 1—hernia (strangulated), 1—inflammation of the lungs, 2—congestion of the lungs, 3—laryngitis, 1—marasmus, 3—old age, 3—palsy, 1—pleurisy, 1—sore throat, 1—teething, 1—unknown, 1.

Under 5 years, 28—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 13. Born in the United States, 43—Ireland, 22—other places, 3.

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No. 7.

ON THE TREATMENT OF CERTAIN DISEASES OF THE LACHRYMAL PASSAGES.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY W. WILLIAMS, M.D.

CASE I.—On the 31st October, 1858, I was consulted by Miss —, æt. 35, on account of inflammation of the left lachrymal sac, attended by severe pain, with excessive distension and threatened rupture.

She has for several years had partial obstruction of the duct; but this was so far removed by a collyrium obtained from me two years since, that she had felt no inconvenience until three days since. At this time she took cold, and the swelling of the sac began.

I relieved the distension by introducing a fine probe through the punctum, without opening the sac. Warm fomentations were then ordered, to lessen the swelling and sensitiveness of the parts, before further measures were resorted to. The patient was able, after the acute symptoms had been removed by the emptying of the sac, to relieve it by pressure as often as it filled, the contents flowing back through the punctum. An offensive, dark-colored discharge was now perceived in the nose, indicating disease of the bone.

The inflammatory process having been subdued, endeavors were made to reöpen the ductus ad nasum; and, in order to permit the passage of a larger probe than could be introduced through the natural opening, the lower punctum was slit open. An ordinary dressing probe could then be passed without much difficulty into the sac, and thence through the duct.

On account of the diseased condition of the bone, the progress toward an absolute recovery was somewhat slow; but relief to the urgent symptoms was immediate. The lachrymation diminished and the soreness of the parts subsided. The probe was occasionally passed down, with less difficulty than at first, and, on the 21st January, 1859, very little trouble from the accumulation of

secretions was complained of, and the chronic tumefaction and evidence of disease of the bone had disappeared. No inconvenience is experienced from the enlarged size of the punctum.

Many such cases of threatened abscess, followed by fistula, would have been left to themselves, or poulticed to assist the contents of the sac in finding their way to the surface, as the sensitiveness of the parts would not allow of any manipulation. But I have almost always been able to relieve these cases by the insertion of a probe, the accumulated matter finding its way along the side, or following its withdrawal from the punctum. When the sensitiveness of the parts will not allow this to be done, ether may be given, and the evacuation of the sac accomplished without the use of the bistoury. The inflammation of the sac subsides at once, after its distension is relieved.

A few words in regard to the second part of the treatment, for the restoration of the normal capacity of the duct. By slitting up the punctum, within the lid, a large probe can be introduced, and much better results gained than by the use of the minute instruments of Anel. This method is also applicable to some of the chronic cases of obstruction of the duct, where the patient is compelled, by the discomfort he feels, to make frequent pressure to discharge the accumulated contents of the sac. Very many of these cases, however, may be successfully treated by mild collyria, which improve the condition of the conjunctiva and lining of the lachrymal canals, and thus at the same time lessen the amount of secretion and remove the turgescence of the mucous membrane, which is the actual cause of the obstruction. The operation for inserting a tube or style in these cases, as in fact in almost all others, I consider wholly uncalled for.

CASE II.—Miss —, æt. 23, consulted me, in September, 1858, for obstruction of the lachrymal duct of the right side, the consequence of repeated abscesses, followed by temporary fistula. She has also suffered from conjunctivitis of both eyes, for which nitras argenti has been applied to such an extent as to give to both conjunctivæ a deep olive tint, perceptible to the most casual observer.

Much hardness and sensitiveness still existed in the region of the sac, and the obstruction was too firm to be perforated by Anel's probes.

Attention was first given to the improvement of the state of the conjunctiva, which, though only slightly granulated, was much thickened. This improvement was rapidly accomplished, and the punctum was then enlarged so as to allow the passage of a common-sized probe. It was with some difficulty that this found its way into the nose, the bony canal seeming to have become nearly obliterated at its upper extremity. After the first time this was more readily done, and but a short time elapsed before the stillitidium almost ceased and the redness and hardness in the neighborhood of the sac was removed.

CASE III.—Mrs. —, æt. 50, applied to me on the 14th January, 1859. Two years since, a style was inserted by some physician into the right lachrymal duct, and she wore it a year without any benefit or even temporary relief. After its removal she continued to be annoyed, as before, by constant dropping of tears upon the cheek. The conjunctiva of this eye is thickened and slightly granulated, and the lachrymal sac becomes frequently distended by the increased conjunctival secretions. Pressure on the sac causes a reflux through the inferior punctum, and forces a small portion of the fluid into the nose. Water injected into the sac finds an exit through a minute fistulous opening at the point formerly occupied by the style. I advised non-interference with the fistulous opening, as it affords a safety valve to the sac in case over distension should occur. Treatment was directed to the amelioration of the state of the lining of the lids and the lachrymal passages, and a steady improvement is evident under the use of a collyrium of three grains of sulphate of zinc to an ounce of water, with the use of rose-water ointment at night to prevent the agglutination of the lids. Occasional applications have been made of a crayon of sulph. cupri. As the duct did not appear to be entirely closed, there is every reason to hope that these remedies will be sufficient without the necessity for any operation.

CASE IV.—Miss —, æt. 25, desired my attendance in November, 1858, for the relief of severe symptoms about the left eye. For some years she had been obliged to empty the lachrymal sac two or three times a day by pressure with the finger. Two days before I saw her, whilst making harder pressure than usual, she felt something give way, and this was followed by rapid swelling of the lids, closing the eye. Rupture of the sac had undoubtedly taken place, probably somewhat posteriorly, and its contents had been diffused into the cellular tissue of the lower part of the orbit.

When I visited her, there was comparatively little swelling in the region of the sac, but an abscess was pointing at about the middle of the lower lid. It was opened in this situation, with great relief to the symptoms. The discharge seemed to be kept up by constant flow of the lachrymal secretions through the abnormal opening, and in a few days the skin became undermined to within half an inch of the ordinary situation of fistula lachrymalis, requiring to be laid open to this point.

I could not, however, find the way from the external opening into the sac, and was therefore unable to pass probes through the duct; though water, injected through the lower punctum, found egress through the fistula. The external orifice continued for some time in a very unhealthy condition, and after satisfying myself that this was kept up by the perpetual presence of the acrid discharges from the sac, I determined to prevent the accumulation of these by enlarging the punctum and passing large probes through

the duct. From the performance of this operation the ulceration of the cheek rapidly improved in aspect. The passage of the probes was repeated every other day, a longer interval seeming to allow opportunity for a fresh flow of matter through the fistulous opening in the sac, and causing an aggravation in the condition of the ulcer.

After about three weeks' perseverance in this plan, the ulcer became healed, and the secretions evidently found their way in the normal direction. I still continue occasionally to pass the probe, as a matter of precaution during the changeable weather to be expected at this season; but it can be passed with little difficulty, and without causing any hæmorrhage from the mucous membrane. There is every reason to believe that the normal calibre of the duct has been restored.

CASE V.—Mrs. —, æt. 33, consulted me on the 13th January, 1859. Three years before, she had a style inserted into the lachrymal duct of the left side, to relieve stillicidium. The operation was performed in Boston, was extremely painful, and was not followed by relief. After several months, the style was removed, having failed to answer any good purpose. Another was afterward introduced by a charlatan residing at a distance, who asserted that the cause of the previous failure was the placing of the style in a wrong situation, and not in the duct. No benefit was derived from its presence, and after a year's trial it was removed. The symptoms were, in fact, aggravated by its presence, as its weight, by exercising constant traction upon the skin of the eyelid, caused partial ectropion, and eversion of the lower punctum, giving rise, in turn, to increased flow of tears on the cheek, and to much irritation of the exposed conjunctiva.

Under other advice, she has lately had Gensonl's sound introduced from the nose into the duct a very large number of times, retaining it for hours, although suffering intensely from its presence. During the employment of this means, the sac and the bones of the nose have become exquisitely sensitive, and she cannot bear the slightest touch without shrinking. She has much severe pain, not only during the insertion of the sound, but in the intervals, along the course of the branches of the fifth pair. Formerly she had a most tranquil nervous organization; but this has been superseded by a state of extreme sensitiveness and irritation.

Every day there is a collection of purulent mucus in the sac, which, after a time, becomes so painful that she evacuates it by opening with a needle the slight skin which forms over the former orifice occupied by the style. After this evacuation, the opening is again closed by a thin crust sufficient to retain the secretions until actual distension occurs.

The ductus ad nasum appears to be obliterated; though I succeeded, with considerable difficulty and at the expense of severe suffering, in passing a small probe through it.

Considering the primary indications to be the improvement in the condition of the mucous membrane lining the lids and the lachrymal sac, I introduced a small tent, a strip of fine cotton less than a line in width, into the sac through the fistulous aperture. By this means the accumulation of the secretions was prevented, and the irritation of the sac, caused by their presence and the want of a free outlet, was removed. The inside of the lids was lightly touched with a crayon of sulphas cupri, and she was directed to use a collyrium of borax, ten grains to the ounce, and to apply to the edge of the lids, at bedtime, a very little of an ointment composed of one part citrine and six parts rose-water ointment.

On the next day, there was already less inflammation in the vicinity of the inner canthus. The contents of the sac are small in amount, and are made up of a larger proportion of tears and less purulent mucus.

15th.—The conjunctiva continues to improve, and the discharge is less.

17th.—The ectropion is already somewhat lessened, and there is much less soreness. Her friends already observe her improved appearance.

21st.—The sensitiveness of the lachrymal organs is much diminished, and the skin and conjunctiva have lost much of their unhealthy look.

24th.—The secretion of thick mucus has given place to the ordinary lachrymal discharge. The fistulous opening has closed. There is no difficulty in emptying the sac upward by pressure with the finger, but there is little tendency to accumulation in the sac.

Whether the duct is wholly obliterated is uncertain; but I advised her not to be solicitous in regard to this point for the present, but to continue to empty the sac by pressure until some time after the soreness in the nasal bone shall have entirely passed away. Then, if the secretion of tears is not so copious as to be troublesome in ordinary weather, I shall refrain from any operation, as there is reason to believe that much difficulty will be experienced in maintaining any perviousness of the duct, on account of the changes wrought by long-continued inflammation.

She returned home after a fortnight's treatment, with the eye more comfortable than it had been for a long period.

CASE VI.—Mr. —, æt. 50, has worn a style in the left lachrymal canal for several years, but it has not been of any advantage. On the contrary, he thinks the tears have, if anything, flowed more upon the cheek than before its insertion, and a constant soreness has been kept up by its presence. A short time before I saw him, the head of the style dropped off from the stem, having been separated by corrosion.

On the 15th January, 1859, he came to me with his physician,

for advice as to the course to be pursued. There was reason to suppose, from the appearance of the head, that the upper part of the stem was quite sharp and jagged, and I therefore urged the importance of its removal, since it would almost certainly make its way downward, and, in case this happened during sleep, might become engaged in the mucous membrane of the throat and produce dangerous consequences.

It was decided to operate, extracting it upward, if possible; if not, endeavoring to push it downward.

After enlargement of the fistulous opening, the style could be readily felt in the bony canal, but as this could not be enlarged by the knife, it was impossible to open even my very smallest forceps sufficiently to seize the foreign body. Nor could it be pushed downward by a probe, or any similar instrument, all of them gliding by without obtaining any hold upon the head of the style. I then resorted to the expedient of using a probe of soft wood, hoping that in case the end of the style should be sufficiently sharp, it might enter the extremity of the probe, and be thus drawn upward; or, if not, that the probe might be fixed against its extremity and enable me to push it downward. After two or three trials, I had the good fortune to extract the foreign body through the upper opening, its very sharp point having engaged itself in the side of the probe, and furrowed a groove for the reception of the style. It was not only corroded near its upper end, but was nearly divided in two at the middle.

I advised the passage of a common probe through the fistulous opening into and through the duct, every day, for a short time, in the hope that the canal might thereafter continue open. After this time, the parts to be left to themselves, but mild remedies to be employed to improve the state of the conjunctiva and the lining of the sac, both of which were much thickened and vascular.

EFFECTS OF CRIMINAL ABORTION.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

IN a former number, the use of nitrate of silver is referred to in cases of spontaneous vomiting, blood-spitting, &c. It has lately been tried by the author in the vomiting of pregnancy; the results follow.

Mrs. ——— desired my advice. She was in bed, and looking dolefully. Complaint came rapidly. "It is too bad; there is my first-born in the crib, not weaned, not a year old. And here am I, sick, sick, sick. I can do nothing, and I wont bear it." Mrs. ——— had crossed the *line*, and had learned much by that year's voyage. She believed herself to be *ancient*, as our good friend Dr. ——— says, and I believed so too. Mrs. ——— added that she must and would be relieved, and she was promised what she want-

ed. The following recipe was made. R. Argenti nitras, gr. iv.; opii, gr. viij. M. Ft. pil. No. xvi. Take a pill in the middle of the forenoon, of the afternoon, and at bedtime.

After a few days, Mrs. — was again visited. The sickness was relieved. But this was not cared for; she did not ask to have this removed. It was to get rid of the cause of the terrible state she was in, for the awful annoyance for six months to come, and that little innocent beauty, her ten months' girl—"she cannot be nursed by me, and I warrant you she will not nurse anybody else. I want to get rid of this burthen, and I will." My office here ceased.

"But did you say nothing of the dangers, the immoralities of the thing?"

No, not one word. When a woman says, "Fudge, nonsense, I will do this thing"—and she has, or can get the means of doing it, you may talk yourself dumb, and accomplish nothing. Why, medical men, medical societies, medical writers, have written and "resolved," and talked about abortion-procuring in vain. Instances occur every day. Men and women are arrested and tried for this infamous crime, but you can get no convictions. I believe there has never been one in this State, this moral State by eminence, and perhaps in none is this crime more rife. I have been told that in a certain place an abortionist—known to be such—actually carries these abortions about in his pocket, and showed one or more to the person from whom the report came. Women for whom this office of foeticide, unborn-child-killing, is committed, are *strong-minded*, and the natural is strengthened by the recently-established uterine function. It becomes irritable, morbidly sensitive, as does the stomach, and what is resolved upon is done. By some women abortion is demanded and paid large prices for, merely because of the annoyances of pregnancy, and the duties involved by the newborn, helpless child. Here self-indulgence in most disgusting forms shows itself. They will kill, or get killed, the most sacred of human instincts, and do it again and again, made worse by their shameless, infamous experiences. No, I say nothing to such women. He is not always the wisest priest who harps too much upon sin. Men and women tire of it.

Very late of an evening, a coach drove furiously up to my door; Mr. — stepped out, and begged me to go immediately to his house. Mrs. — was very ill. This was a few days after I left Mrs. — in perfect health. I found her in the pains and *perils* of violent abortion. There was atrocious pain, excessive hæmorrhage, an indescribable soreness and suffering through the pelvis, extending above and all round the symphysis. Such was the suffering and the apparent danger, that I remained with the patient all night. For many days did this state of things last. An hourly threatening of puerperal fever painfully complicated the case.

The milk, however, continued, the little boy nursed, and recovery followed.

What had produced, in so short a time, such a change from perfect health to such and so apparently dangerous disease? I sought an answer, and looking to the *fons et origo* of the precedent cause of the trouble, asked Mr. — what had been done to produce such a disease. He knew of nothing more than of some pills which a friend recommended. Mrs. had taken a very few, one or two only. Here you may say the story may be dropped.

“No. I must ask a question. Is a physician bound to attend such cases? The patient commits the crime, let her suffer.”

Sydenham, as I have read, or have been told, was asked why he attended syphilitic patients. They had exposed themselves to a grave disease by illegal and immoral acts; why should they not suffer the penalties? The reply was, that physicians were concerned about the causes of diseases just as far as such inquest was necessary to discover the nature of the malady, and no farther. His province was strictly physical disturbance, or disease; the moral had no legitimate matter of inquiry for him. It has been suggested that a regular medical attendant being called upon to procure abortion, for mere convenience, and of course declining the office, might add—if you employ any body to do this, you must depend upon him or her to attend you afterward, as I shall decline doing so, for I cannot have any relation to an act which I hold utterly immoral, and wholly criminal, nor with its results.

But, it is asked, is it not very rare for the medical attendant to be called on directly for such an office, under such circumstances? It is very rare, and the question above proposed will seldom if ever arise.

While on this disagreeable subject, let me state some other facts concerning it. Women often attempt the operation upon themselves, and sometimes succeed. Physicians are surprised at this, as they themselves sometimes find it difficult to do it in such cases as demand the operation to save life. Various are the popular instruments employed. Let me give a case, and the means.

Mrs. —, mother of one child, after a very protracted and painful labor, found, or believed herself to be pregnant, and determined to bring that function to a speedy close. How? Her knitting needles were at, and in hand, and she proceeded with one. But it was no go. It stuck fast, and far short of the cavity into which she was attempting to pass it. What to try next? Necessity, you know, is the mother of invention, and Mrs. — was a mother. She sought for, and got some soft wire—bent one end for an inch or more, upon itself, and thus produced an instrument that would not stick, and was strong enough to bear much pressure without bending. She tried it. It passed readily into the womb; but, *revocare gradum*, she had got into the bad place:

now, how to get out? She tried, and pulled, and pulled. It hurt her terribly—there was blood! She sent in all haste for Dr. ——. He found that the end of the bent wire, not keeping its place, had sprung from the shaft, and had bedded itself deeply and firmly in the substance of the womb. Dr. — called me to see Mrs. —. Things were as described. The long wire hung loosely from the vagina. The hooked or barbed portion was immovable. It was thought by pressing the wire upward into the womb, its point might be cleared, and then a finger being carried into and through the cavity of the cervix the point might be reached, and pressed against that, and then the external part of the wire being put on the stretch, the hooked portion might be safely drawn away and out. But the cervix was firm and unyielding—the supposed pregnancy being only two months—and the finger could not enter the womb. Other methods were tried, but in vain, and it was agreed to rest here, and meet again in the afternoon and make farther trials. We met. But to my surprise, Dr. —, thinking that the outer part of the wire was of no use, but rather a hindrance, had cut the wire off, and so perfectly that when I examined I could just feel its sharp end within the os uteri. There was nothing more to be done, for there was nothing to work with or upon. Mrs. — was directed to keep quiet in bed. Nothing more happened. She was heard from now and then, and in a few days, being perfectly well, she rose and went about her ordinary duties. She has remained well ever since her unsuccessful surgery, now six years. It turned out that she was *not pregnant*, and had not, what many women who are pregnant have, her labor for her pains.*

It is not necessary nor fitting to allude to other instruments which have been used by others to procure abortions upon themselves. Some of them have been as extraordinary as that used by Mrs. —. They have, however, accomplished their object, but in not a few instances which have come under my notice life has been seriously endangered; and some cases have seemed utterly hopeless.

There are results of procured abortion which deserve special notice, and which no writer on uterine diseases, so far as my reading goes, has referred to. These are chronic forms of these diseases and disturbances of function, and are the most persistent. These diseases, or diseased conditions of the womb, have been:

1. Enlargement, induration, ulceration, of the cervix.
2. " " " " of the os uteri.
3. Leucorrhœa.
4. Mucopurulent vaginal profluvium.
5. " " " " with more or less blood.

* I saw the attending physician of Mrs. — this day, Oct. 11th, and asked about her. He said he had seen her very lately, and found her in excellent health, and has not had the least uterine trouble since her recovery, six years ago. She has not been pregnant. The wire is still there.

6. Soreness, tenderness, burning and itching of vagina and external organs.

7. Dysmenorrhœa.

8. Amenorrhœa.

9. Menorrhagia.

10. Dysuria, with various urinary deposits.

11. Painful defæcation, greater or less, according to organic uterine enlargement.

12. Painful defæcation, according to uterine flexion or version.

The general system is always more or less disturbed in these cases, and we have presented every form of nervous lesion and grave functional disturbance, making the most distressing complications of morbid phenomena.

It is my custom to ask patients, especially those with whom I am unacquainted, and who have many of the above symptoms, if they have ever aborted, and if so, whether the abortion has occurred without known cause, or whether it was produced by violence. I regret that I have not kept a record of the answers to these questions, but I have been struck with the number of instances which were produced by violence. Many have been unmarried women, and some quite young. But they are presented, also, by the married. Mrs. — has suddenly become indisposed. She grows worse, and I am called in. The symptoms are, abdominal soreness and pain—weakness—loss of appetite—mental depression—headache—dizziness—fainting easily—heat increased—pulse rapid, quick, sharp—alternate flushes and cold turns. Uterine hæmorrhage at the beginning. Now, alternately flow and stillicidium. No satisfactory cause is learned, notwithstanding much questioning. Time passes, and various treatment, but no improvement. At length, I am told that instrumental and self-produced abortion is the cause. Convalescence has been very slow in such cases. I have known months to pass before this stage of recovery has happened, and more or less invalidism has, after all, remained. I do not recollect a case in which I have not received a prompt affirmative reply to a question directly put. And so as to the means, there has been the same readiness of reply, and so of the immediate and remoter effects. The present difficulty has, without a remembered exception, been referred to the violence done by the operation. The previous health has been perfectly good. I dwell on this subject with so much directness because, as I said, I have met with no writer who has alluded to it.

Mrs. —, between 18 and 20, found herself pregnant soon after marriage. This was an unlooked-for consequence of that rite. She had no idea of being in the family way unless it was perfectly agreeable to her. She was vexed at what had occurred. She could not, and would not, have it, and looked about for relief. All this was told me by Mrs. —. "Well," said I, "what did you

find?" "Spurred rye," said she; "I got a quarter of pound of it, and soon ate it all up, and I have not got clear, and am as you find me."

Her state was one of extreme suffering, and of great apparent danger. She had severe pain in the abdomen. This was swollen, tense, and of exquisite tenderness. Pulse rapid, small, hard; heat intense, and the skin everywhere deep red; diarrhoea; respiration laborious; uterine hæmorrhage. Abortion occurred during my necessarily protracted visit—period about two months; the mass was perfectly black. After long and severe illness, Mrs. ——— recovered. I have not seen or heard from her since. I have observed, in such cases, that his presence is not agreeable who has been a confidant in just such issues. He who in the beginning of practice has had much to do with diseases which are not matters of general conversation, is not often called by the subjects of such diseases, who in later life repent of the error of their earlier ways, and enter into other connections. I well remember being called to a case in which abortion had been recently produced.

A young man, a friend, had been left in the town house, with a house-keeper, one summer. In due time she found herself pregnant. This was as unwelcome information as it was unlooked-for, by the young woman. What was next to be done? A person was called on, who had much practical skill in remedying such mishaps, and procured abortion. Excessive hæmorrhage followed. The quantity appeared so large to the parties immediately concerned, and the danger so imminent, that I was called in. I found the patient on the parlor floor—the furniture having been covered up and put aside—lying on a blanket which was saturated with blood, as the floor around was covered with it. The young woman was almost pulseless, white as a sheet, cold, and clearly in extreme danger. Means were used to stop the flow, which still continued; it was controlled—reaction occurred, and recovery.

I saw but little of my intimate friend afterward. In due time he was married to wealth, as well as to a lady, and had a large family. I never visited him again, and was hardly recognized by him afterward. I should have said that I had been his physician before the abortion occurred.

Mrs. ——— called on me some years ago for uterine troubles—viz., severe dysmenorrhœa, leucorrhœa, general weakness—hardly able to walk at all; passes most of her time indoors and in bed; pain on motion, or erect posture, in loins; also low down, referred to sacrum; in hips, &c.—as miserable a condition as such cases generally present. After a time, I learned she had become pregnant soon after marriage, and that abortion was procured. My impression is that this was done twice. From this she dates all her subsequent troubles. Relief followed treatment; but never cure. Mrs. ——— was able to work, her general health was improved; dysmenorrhœa diminished; in short, that form of conva-

lescence occurred which, with those who have suffered much, is so near an approach to health as to satisfy them, and to induce them to abandon treatment. This happened in this case. But invalidism existed, not health, and Mrs. — for some time called on or for me, to build her up a little, as she feared she was getting back to her old wretched state. At length she felt the strongest desire to have a child, and deeply did she lament what she years before had done. She said she was nigh forty, and it would soon be too late for pregnancy to occur. "Why," said she to me lately, "there is Mrs. —, she has had four abortions procured; still, she can be pregnant, and does not mean ever to have a living child, while I am so anxious to have one, and cannot." Her general health is now quite fair.

One effect has, in this case, followed uterine violence in a healthy woman, which I do not recollect to have met with before in other cases. I mean *sterility*. The womb and its appendages were in perfect health before abortion was procured. Ever since that, their functions have been disturbed or destroyed. At least, pregnancy has not occurred.

Mrs. — was pregnant, and resolved on abortion. She attempted it, and succeeded. The instrument used was an extraordinary one, and could accomplish the object only by doing serious injury to the organ into which it was introduced. Some hæmorrhage followed. To make assurance doubly sure, Mrs. — went immediately from home—to the museum, at first, and then walked rapidly through many streets. She was seized with excruciating pains soon after, and with profuse hæmorrhage. I was desired to meet Dr. — in her case. I found her pale, cold and almost pulseless. The abdomen was largely swollen, and very tender. The flow was checked. I asked Dr. — if he knew the cause of such sudden disease in a person apparently in full health? He was uncertain. I begged him to see the patient at once, and the husband, and learn what had happened. He was told she had procured abortion the day before, and the present symptoms had followed. The instrument used was named. Mrs. — recovered.

In the *wire* case above, the instrument was described, and because, as it was believed, it would not be likely to be imitated.

Sterility was said above to have followed procured abortion, even when done in *healthy* persons. This is recurred to, because abortion is sometimes produced to save life, as in cases in which the patient is so exceedingly reduced by diseases of pregnancy as to place life in jeopardy. I have operated in some such cases, and in all with success. These persons have again conceived. In one, the same means were required in a subsequent pregnancy, under like circumstances, and with a like result. It was curious to observe that in this case, in which the operation was deferred to the extremest point of the endurance of threatening symptoms, the womb retained its contents for many days after the

preliminary processes toward delivery had been faithfully passed through. At length the foetus was expelled.

Vomiting, in most cases in which I have done the operation, has been the disease threatening life. For days and weeks, vomiting or nausea have been constant; emaciation and other results have occurred. Constitutional disturbances, in one case involving convulsions, have showed themselves, and others have occurred, and all of them resisted treatment. It has been under conditions like these, the womb has been relieved of its contents. Relief in many cases has been complete, and in some has begun at once. I shall never forget one case of extreme exhaustion from the vomiting of pregnancy, in which, within twenty-four hours after the expulsion of the foetus, I found the lady eating a hearty dinner, and with a relish which left no doubt of the ability of the stomach to manage what it received.

This paper has reached a great length—too great, it may be, to add to it. It began with a reference to the beneficial use of nitrate of silver in the vomiting of pregnancy. Permit me briefly to give two or three cases in which this medicine has been usefully employed.

CASE I.—This has already been reported in the beginning of this paper, in which I was called, as I supposed, to check the vomiting of early pregnancy, but really to give medicine which would destroy and remove the cause of vomiting. The nitrate was given, and checked, or rather stopped the vomiting. Some days after, abortion occurred which threatened life.

CASE II.—Mrs. —, six months pregnant, fell and broke her thigh. She had suffered severely from vomiting during her pregnancy. This continued at the time of her accident. My friend, Dr. Gay, was called, and set the limb. Vomiting made it impossible to keep the limb still. Various remedies were used and failed. Dr. Gay asked me if I knew anything which would relieve this very troublesome complaint. I recommended the nitrate, as given in the first case. Its effect was good. The vomiting soon ceased, and doubtless would not have returned, had the medicine been continued longer and then gradually withdrawn. This Mrs. — would not submit to. She had always vomited in pregnancy, and thought it proper, and felt she had a right to be indulged. There was, of course, no power to resist such reasoning, and the nitrate was stopped. How persistent was pregnancy in this case! A shock severe enough to break a thigh bone, one of the strongest in the body, did no more to disturb the womb or its function, than if Mrs. — had merely sat down in her easy chair.

CASE III.—Mrs. — was in her fifth month. Vomiting existed in its most serious degree. The stomach seemed actually to retain nothing. Mrs. —'s physician, my friend Dr. W. E. Townsend, consulted me in this case. He said opium alone gave her any relief, but produced its common uncomfortable effects. I re-

commended the nitrate of silver, according to the formula above given. I saw Dr. T. some time after, and learned that entire and permanent relief followed the use of the remedy.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 10th.—*Spontaneous Ptyalism.* Case mentioned by Dr. MINOT.

The patient was a woman, aged 66, who was salivated twenty years, but whether in consequence of taking medicine or no, she is ignorant. About two and a half years ago, after taking an empirical preparation called "Kennedy's Remedy," she was again salivated. At this time she entered the Massachusetts General Hospital for an ulcer on the foot, which had existed for nearly forty years. The salivation ceased after the patient had been taking the iodide of potassium. About three months ago, she was suddenly attacked with copious ptyalism, without any apparent cause. She had been taking no medicine of any kind. The salivation lasted about six weeks, during which time the patient lost much flesh, and her sleep was much interrupted by the constant necessity of spitting. The amount of saliva excreted varied from half a pint to a pint daily, and it had the ordinary appearance. No treatment was adopted for the first two weeks; after that she had tonics and astringent gargles, and finally the extract of hyoscyamus in five-grain doses, the iodide of potassium in the same doses, and ioduretted gargles. The recovery seemed due, in a considerable measure, to the iodide of potassium and the iodine gargles, and has remained perfect. The patient is now in excellent health.

Dr. LYMAN also mentioned the following case.

Miss B., æt. 28, was seen Dec. 16th, for a nervous affection of the throat. A plaster of belladonna was directed to the back of the neck, and, internally, ten grains of hydriodate of potash, three times a day. On the 23d, she reported that for some days she had been much better. The evening previous she was at a party and eat supper, &c., and the dysphagia had become very severe again. Said that three days before, salivation set in. There was no fœtor, soreness of the gums, or coated tongue. Two years ago, she contracted Panama fever, on her return from the Sandwich Islands, for which she took "a great deal of calomel." Since that time she had taken nothing of the kind, with the exception of "two blue pills," a year ago.

She was directed to reduce the hydriodate to five grains three times daily, and continue the belladonna plaster during the day as before.

On the 30th, reported that the salivation was worse than at any previous time. Some days she had omitted the hydriodate, when the salivation would immediately diminish. The dyspnoea and dysphagia had entirely ceased. She was directed to omit the remedy until the salivation should cease, and then take valerianate of ammonia.

January 3d, reported that the salivation ceased the night after discontinuing the iodide, and has not returned, the mouth being perfectly well.

If the salivation in this case was due to chemical combination with the mercury taken five years previously, in accordance with the theory of M. Melsens, Malherbe, Parke and Sieveking, how happens it that there was neither soreness of the gums nor mercurial fœtor?

Dr. BOWDITCH alluded to a case of salivation that occurred at the Hospital, which was caused by the hydriodate of potash.

Dr. STEDMAN said, in answer to Dr. Clark, that he did not remember a case of salivation attributable to this remedy. In a few cases, diarrhœa, and, in one instance, dysentery had followed its use. In one case, he gave it to the amount of ninety grains without any perceptible effect.

Dr. JACKSON alluded to a case that occurred a few years since, in which the hydriodate of potash had a marked effect in checking salivation. It was given in moderate doses.

Dr. C. D. HOMANS mentioned a case of pyalism that came on suddenly during typhoid fever, without apparent cause. The only medicines taken at the time were sweet spirits of nitre and sulphuric acid. It was arrested by the chlorate of potash.

FEB. 14th.—*Meningeal Apoplexy. Tumor of the Breast.* Dr. MINOT reported the case.

The patient was a female, 88 years of age, in pretty good health. On rising in the morning, she complained of severe pain in the head. She took breakfast, and immediately afterward vomited. From that moment she became insensible, and remained so for six days, when she died. There was no stertor, but, at times, puffing respiration. The eyes were closed, the pupils were rather dilated, but not widely so. No paralysis could be discovered, but there was some rigidity of the left arm.

At the autopsy, an effusion of blood was found in the sub-arachnoid cavity, occupying the outer base of the brain, and extending up on the outside of each hemisphere, as high as the level of the upper edge of the external ear. The left lateral ventricle was distended with serum, and the right ventricle contained a considerable amount of the same. The arteries were generally in an atheromatous condition. There was no laceration of the brain.

This patient, when quite young, had a "boil" near the nipple of the right breast, which, after discharging, left a permanent induration at the spot. This gradually increased for twenty years, and gave her more or less pain. In October, 1847, the breast was removed, at the Massachusetts General Hospital, by Dr. J. M. Warren. At that time, the whole breast seemed involved by the disease—the nipple was retracted, and a bloody serum issued from it. The disease was supposed to be carcinomatous. About three years afterward, the tumor, having re-appeared, was again removed, by Dr. Minot, who also removed a small nodule, a year subsequently to the second operation. Since that time, there was a good deal of induration about the cicatrix, but no ulceration. This indurated tissue cut like an unripe pear. A portion of it was examined, microscopically, by Dr. Ellis, who was unable to find any "cancer cells."

FEB. 28th.—*Unsymmetrical Kidney.* The following letter, received from Dr. THAYER, of Keene, N. H., was read by the Secretary.

"Keene, N. H., Feb. 4, 1859.

"MY DEAR SIR,—I have a case of 'unsymmetrical kidney' for

the Medical Improvement Society, which I will give you in a few words.

"On the 2d inst., I was present at the autopsy of a man, æt. 32, dead of phthisis. His most prominent symptoms had been of indigestion—never any renal difficulty, nor other symptoms, as far as I could learn.

"The left kidney was wanting. Both renal capsules were found in a normal condition. The left emulgent vein was not more than one fourth as large as the right—and terminated in the renal capsule. It sent off one branch, which was probably the spermatic, but was not traced—which should, perhaps, be called the principal vein in this case, as it was larger than the branch which went to the renal capsule. The right kidney was perhaps one fourth to one third larger than usual—measuring five inches in length—and was normal in every other way.

"In Dr. Jackson's Catalogue, I find one case referred to as related by Dr. Samuel Parkman (p. 281), the only one mentioned in that volume, except one in a monster (Specimen 757).

"Rokitansky says 'one kidney is frequently absent.' But in our so much smaller experience on this side of the water, the above case is worth adding to our Society's Records."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 17, 1859.

MASSACHUSETTS REGISTRATION REPORT.

WE have received a copy of the Sixteenth Registration Report, for the year ending December 31, 1857, which has been recently presented to the Legislature. It is in many respects superior, in none inferior, to its predecessors, whether we regard accuracy, completeness, or interesting and useful deductions, as the criterion by which we judge its merits. It is sufficient to say that the Report has been executed under the superintendence of Dr. JOSIAH CURTIS, as was the case in several previous years. The well-known reputation of this gentleman as a statician is a guarantee that the work is as well performed as it was possible it should be with the materials at hand. It is with no small pride that we point to our series of Registration Reports, which compare favorably with any in the world. Their practical value is now apparent, and both the public and the administration are beginning to reap the benefit of the wisdom which instituted and maintained a system of registration of births, deaths and marriages in our Commonwealth.

The value of a registration report must depend in a great measure on the completeness and accuracy of the returns. In this respect, a gradual improvement is perceptible, in this State, from year to year. Still, the progress is very slow, particularly in the registration of deaths, the most important item of all. "There is evidence for believing," says Dr. Curtis, "that not very far from, but, perhaps, somewhat more than *fifteen per cent.* of the deaths that occur annually in Massachusetts escape registration; and these are scattered through

about half the towns in the Commonwealth. This suggests either some inefficiency in the letter of the law, or in the mode of administration." With regard to the tabulation of the abstracts, and the deductions drawn from them, we believe their accuracy is beyond question, while in the discrimination necessary to eliminate, as far as possible, all imperfections from the returns, the experience and judgment of Dr. Curtis have been most faithfully exercised, so as to render the data upon which the calculations are based worthy of confidence.

Among the features which distinguish this Report from its predecessors, are the Massachusetts Life, Population and Annuity Table, with other tabular deductions, and comments connected therewith, originally computed by E. B. Elliott, Esq.; the proposed division of the State into six Registry Districts, as better adapted for statistical purposes than the fourteen Counties; an Exhibit of the Mean Temperature in Massachusetts as compared with that of England; and an Exhibit of Money Value, and prices of food in Boston, and rates of births, marriages and deaths in Massachusetts, for several years.

The Massachusetts Life Table, constructed by Mr. Elliott, is a calculation of exceeding value. It is "one of an original series prepared by him for the New England Mutual Life Insurance Company, of Boston, from extensive and reliable Prussian, English, Swedish, Belgian and American data. It was presented to, and published in the proceedings of, the American Association for the Advancement of Science, at its meeting in Montreal, in 1857. The large experience and acknowledged ability of this writer, and his rigorous adherence to the most exact data, give to the Massachusetts Life Table a degree of weight and authority entitling it to the fullest confidence." For the preparation of this table, very careful examination was made into the returns from the various towns in the State, with a view of ascertaining how far they could be considered reliable, and it was found, after eliminating the more questionable records by a certain fixed standard, that the registry of 166 of the 331 towns furnished data which were deemed essentially reliable, and in which the rate of mortality fairly represented that of the entire State. With the numbers returned from these 166 towns, were included two thirds of the number of the population, births and deaths of the three State Almshouses; the population of the 166 towns being two thirds of the population of the State. "The aggregate population of these communities, as returned for the first day of June, 1855, was 751,241, and the registered deaths in these towns during the year was 16,086. The well-known Carlisle Table of Mortality was deduced from only 1,840 deaths, registered during the nine years, 1779-87, the mean population of the period being 8,177." "We are probably safe in concluding," says Mr. Elliott, "that the law of mortality obtaining in these districts, according to the returns, does not greatly vary from the law of mortality actually prevailing over the entire population of the State."

This table consists of five columns. The first shows the number of persons living at certain ages, to 10,000 children born alive, and also the annual number of deaths at and over certain ages, in a stationary population, supplied by 10,000 annual births. Column II. represents the aggregate number of years which the persons living at certain ages (Column I.) will live; also the years which those annually dying at and over certain ages, in the stationary population, have lived over

those ages, and the number of persons living at and over certain ages, in the stationary population. The third column represents the aggregate number of years which the persons (Column II.) living at and over certain ages, in the stationary population, will live, and the years which they have lived over those ages. Column IV. indicates the average number of years which those living at certain ages will live; also the average number of years which those dying at and over certain ages, in a stationary population, have lived over those ages, and the number of persons living at and over certain ages in a stationary population to one annual death. Column V. represents the average number of years which those living at and over certain ages in a stationary population will live, as well as the years they have lived over those ages. The last two columns represent the present values of life annuities, that is, the present values, after arriving at certain ages, of one dollar, payable at the end of each year, computed at the annual rates of four per cent. and five per cent. interest. We cannot enumerate the many useful results which may be derived from this table. For the purposes of life-insurance, for calculating the present value of annuities, legacies, pensions, and for all other purposes requiring an acquaintance with the average duration of human life at different ages, it is invaluable. In order to render the Massachusetts Life Table more widely applicable, each column is brought into comparison with results obtained in other countries, by which a series of new tables is formed, of great practical utility. Thus, by means of table F, we may ascertain the average future duration, or expectation of life, in certain communities, as compared with each other. For instance, at 20 years of age, the average duration of life in Massachusetts is 39.9 years; in England, for males, it is 39.9, and for females, 40.8 years; in Sweden and Finland, it is 40.0; in Prussia, 37.5; by the Carlisle Tables (English), 41.5 years.

The tables H and J are intended to show the intensity of mortality and the intensity of vitality at different ages, in different communities, the former giving the number of annual deaths at different specified ages to 100 persons living at the same ages, and the latter exhibiting the number of persons living at the different specified ages to one annual death at those ages. These comparisons are rendered more intelligible by means of a diagram, designed by Mr. Elliott, in which the difference of intensity of vitality is shown by curves. "The most obvious and prominent feature of these curves which will arrest the attention of the investigator, is their strong family likeness, or general similarity. In each of them, the vital energy, or power to resist destruction, is small at birth and in early infancy; in each, also, it rapidly increases to between the ages of 10 and 15, when it arrives at its maximum; it then diminishes progressively as age advances, becoming exceedingly feeble at the extreme limit of advanced life. This is true alike of all the communities which are brought into the comparison. By further inspection of the diagram, it will be seen that in Massachusetts the vital energy, or the capacity to resist death, is greater than in the other countries compared, from age 12 to nearly age 15; it is less than in the other communities for the interval from about age 16 to age 37; and it becomes greater again at a period between ages 45 and 50, and remains so to extreme old age." Dr. Curtis suggests that this increased mortality between the ages of 16 and 37, comprising that portion of life which is characterized by the most

energy and least experience in business transactions, may be connected with the peculiarities of the New Englander, his precocious business habits and the intensity with which he assumes and pursues responsible duties, which would naturally render health and life more precarious at these ages than is apparent in older countries with different customs. If this be so, we ought to find a greater intensity of life among females, at this period, than among males, but, unfortunately, there are no data by which the difference in vitality between the sexes in this Commonwealth can be ascertained.

We intended to offer further remarks connected with the subject of Registration, which are suggested by this admirable Report, but want of space obliges us to defer them to another opportunity. We will only add that we hope so admirable a document will be widely circulated, that the useful lessons which it teaches may be made available to all classes of the community.

COMMENCEMENT AT THE MASSACHUSETTS MEDICAL COLLEGE.

THE Commencement exercises at the Medical College took place on Wednesday of last week, March 9th, when thirty students received the degree of Doctor in Medicine. According to the plan adopted within a few years, a certain number of the graduates were selected to read portions of their dissertations. These selections gave evidence of the study and careful preparation bestowed upon the theses, and suggested favorable auguries for the future career of the writers.

The attendance was, as usual, very satisfactory, both as to numbers and the interest manifested.

The exercises were terminated by an excellent address to the graduating class, by Professor HENRY J. BIGELOW; and we are glad to learn that it will be published, and thus afford those not able to be present, an opportunity to read what all who heard it pronounce so well worthy of perusal.

BRISTOL DISTRICT MEDICAL SOCIETY.

THE annual meeting of this Society was held at the Taunton Hotel, on Wednesday, the 9th inst. The following officers were elected for the current year:—*President*, Dr. Benoni Carpenter, of Attleboro'; *Vice President*, Dr. Dan King, of Taunton; *Secretary and Treasurer*, Dr. Charles Howe, of Raynham; *Librarians*, Dr. J. B. Chase of Taunton, and Dr. Thaddeus Phelps of Attleboro'; *Censors*, Drs. Johnson Gardner of Pawtucket, Thomas G. Nichols of Freetown, and Charles Howe of Raynham; *Councillors*, Drs. Thaddeus Phelps of Attleboro', Ira Sampson of Taunton, and Johnson Gardner of Pawtucket; *Delegates to the American Medical Association*, Drs. Ira Sampson of Taunton, J. R. Bronson of Attleboro', and Joseph Murphy of Taunton; *Commissioner on Trials*, Dr. Dan King of Taunton.

Drs. Joseph Murphy and William J. Burge, of Taunton, were admitted Fellows of the Massachusetts Medical Society.

Dr. Burge exhibited his improved apparatus for treating fractures of the thigh, accompanied by an interesting address upon its merits, and citing several important cases in which it had been used with highly satisfactory results, for which the thanks of the Society were voted him.

CHARLES HOWE, *Sec'y*.

MASSACHUSETTS MEDICAL COLLEGE.

THE following is a list of the gentlemen who received their medical degrees on the 9th inst., with the subjects of their dissertations.

Jacob Henry Barker,	<i>Medical Notes on New Brunswick.</i>
Charles Warren Barnes,	<i>The Diagnosis of Disease.</i>
Ira Wilson Bragg,	<i>Scarlatina.</i>
Alfred Rodolphus Bullard,	<i>Hydrophobia.</i>
Charles Henry Burbank,	<i>Auscultation of the Organs of Respiration in Health and Disease, relative to the Respiratory Act.</i>
George Sanford Burton,	<i>Chorea.</i>
Horace Chapin,	<i>Phthisis.</i>
George Anthony Collamore,	<i>Treatment, as an Element of Diagnosis.</i>
Eugene de Courcillon,	<i>Mimosis.</i>
Ezra Dyer,	<i>On the Assistance afforded to the Physician by the Examination of the Urine, in the Treatment of Disease.</i>
Thomas Philip Eckardt,	<i>The Pulse ; Its Condition and Variation in Health, and the Indications it affords of Disease.</i>
Stephen Foss,	<i>Enteric Fever.</i>
Joseph Ferdinand Gould,	<i>Remedies, their Application indicated by Disease.</i>
Maurice King Hartnett,	<i>Placenta Prævia.</i>
Jonathan Hugh Jamison,	<i>Scrofula.</i>
Francis Hugo Krebs,	<i>Venesection.</i>
George Cook Lincoln,	<i>General Paralysis.</i>
Abel Cutting Livermore,	<i>Lobelia Inflata.</i>
Edwin Manley,	<i>Indigestion, with some Remarks on the Physiology of Digestion.</i>
John Robbins Mansfield,	<i>Intermittent Fever.</i>
John Taylor Gilman Nichols,	<i>Diabetes.</i>
Asa Phinney,	<i>Typhoid Fever.</i>
Harlin Henry Pillsbury,	<i>Pneumonia.</i>
Thomas Hamel Pinkerton,	<i>Natural Labor.</i>
Silas Poole,	<i>Emphysema of the Lungs.</i>
John Lombard Robinson,	<i>On Physical Diagnosis.</i>
Asa Peaslee Tenney,	<i>Onanism, and its Results.</i>
Joseph Rowe Webster,	<i>A Collegiate Education, considered as a Preparation for the Study of Medicine.</i>
Walter Wesselhæft,	<i>On the Effects of Coffee and Tea.</i>
Moses Sawyer Wilson,	<i>Scarlatina.</i>

D. HUMPHREYS STORER,

Dean of the Medical Faculty.

Boston, March 12, 1859.

The Medical Department of Pennsylvania College held its Commencement on the 5th inst., on which occasion the degree of Doctor of Medicine was conferred on thirty-three young gentlemen.

Dr. R. B. SIMMONS, of Brooklyn, N. Y., has been appointed by the Board of Foreign Missions of the Reformed Dutch Church, a missionary to Japan.

DIED,—At Wilbraham, March 7th, Dr. Gideon Kibbe, 80.

Deaths in Boston for the week ending Saturday noon, March 12th, 65. Males, 35—Females, 30.—Apoplexy, 1— inflammation of the bowels, 1—bronchitis, 2— inflammation of the brain, 1—congestion of the brain, 1—burns, 1—consumption, 10—cholera infantum, 1—croup, 4—dropsy, 1—dropsy in the head, 7—debility, 1—infantile diseases, 7—scarlet fever, 2—typhoid fever, 3—disease of the heart, 2—intemperance, 1— inflammation of the lungs, 8—palsy, 1—premature birth, 1—peritonitis, 1—pleurisy, 1—sore throat, 2—smallpox, 1—tumor (in uterus), 1—unknown, 1—whooping cough, 1—worms, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 49—Ireland, 10—other places, 6.

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No. 8.

PARASITICAL DISEASE OF THE SCALP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I notice, in your last, a very just criticism upon the article entitled "The Woman who lives without Eating;" and it has seemed to me, and to several other medical gentlemen whom I have heard allude to the article in the same issue, entitled "Parasitical Disease of the Scalp," that this, too, was open to a few remarks. The article is certainly a peculiar one in more than one particular, but I pass over the first part, and come immediately to the passage which reads, "The evidences were such that I did not deem the microscope necessary to decide its parasitical nature." These evidences, we are forced to believe, were the statements of the patient that the hair bulbs could be seen to move plainly upon holding them to the light, and also the "wriggling" referred to. We are certainly told, in so many words, that this was evidence sufficient to convince the writer of the article, of the parasitical nature of the disease. I am not aware that there is any power in vegetable parasitic growths to excite movements of any kind, and we must therefore conclude that the parasites in this case were animal, especially as we read that there was a "sensation as though living creatures were there." Isn't it rather amusing? The patient, after being treated in vain for an impetiginous eruption, is suddenly informed that the trouble is probably caused by the presence of parasites in the hair follicles. The inquiry of the patient as to the nature of a parasite would be natural enough, and, at the answer, a hair is extracted, held up to the light, and the bulb *seen to move very plainly*, and the "peculiar uncomfortable sensations" immediately change to "wriggling, as if living creatures were there"; and this is sufficient to convince a physician of at least twelve years' practice, of the parasitical nature of the disease, without the use of the microscope. It is even deemed entirely unnecessary to invoke the aid of this instrument after such evidence. It is very possible that in describing to the patient the nature of a parasite, the word *ring-worm*

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may have been employed; certainly nothing could contribute in a greater degree to make every bulb squirm before the eyes of the patient, and make every pustule teem with wreathing, wriggling creatures.

Seriously, Messrs. Editors, I know of no animal parasite found in the hair follicles except the *acarus folliculorum*. These are found chiefly on the face, and in the sebaceous follicles. When found in the hair follicles, it is probable that their real locality is in the little sebaceous follicles attached to the same. If the cause of the disease in question is these parasites, usually so harmless, let us know it.* If the disease is favus, let us know it. At all events, let not the aid of the microscope be deemed unnecessary. Is the writer quite sure yet that the disease is not impetiginous?

March 12th, 1859.

M.D.

DISLOCATION AT THE RADIO-CARPAL ARTICULATION.

BY HENRY M. SAVILLE, M.D., QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

DUPUYTREN and other eminent continental surgeons have denied the possible existence of this surgical lesion, and as the accident is certainly of infrequent occurrence, compared with the numerous instances of radio-carpal *fracture*, I have thought, from its statistical interest, a brief notice of a case not unworthy of being reported.

J. D., a heavy, lymphatic young man, 15 years of age, in attempting some feats of agility beyond his strength, fell across a pile of stones, with his left arm and hand bent under him. He was carried into my office directly after the reception of the injury. I found the forearm semi-pronated, with a sharply-defined tumor upon the palmar surface of the wrist-joint. The hand appeared bent backward and twisted upon itself, leaving a marked depression upon the dorsal aspect of the joint. The integuments were considerably contused and somewhat bloody, suggesting the existence of a more serious injury than simple luxation. In making some extension of the parts for the purpose of obtaining positive evidence of Dupuytren's fracture of the radius, the joint suddenly assumed its natural rotundity—the dislocation having been reduced without any special effort. I hardly know which was the greater, my surprise at the trivial character of the injury, or the admiration of the bystanders at the marvellous ease with which the deformity was relieved.

March 12th, 1859.

* According to Wedl, Gruby saw a case in which the hair fell out from irritation produced by the *acari folliculorum*.

RESEARCHES ON THE POSSIBILITY OF RESTORING TEMPORARY LIFE TO INDIVIDUALS DYING OF DISEASE.

BY DR. E. BROWN-SEQUARD.

[Translated from the *Journal de la Physiologie de l'Homme et des Animaux*, for the Boston Medical and Surgical Journal.]

FOR many years my researches on the Transfusion of Blood, begun in 1846, and continued to the present time almost without interruption, have frequently afforded me results showing with certainty that life may be restored, for a certain time, in mammalia dying of various diseases, and especially of peritonitis.

I shall merely report here a few of the principal facts observed, intending to publish the rest in an extended memoir on the transfusion of blood.

The successful experiments were made on animals who had ceased to breathe for a variable number of minutes (in one case, seventeen minutes), and in whom all traces of voluntary movement and of sensation had disappeared. The sounds of the heart were still audible, in most of the cases, but there was no pulse in the arteries of the limbs, and often not even in the carotid; in two cases the beating of the heart appeared to have ceased for several minutes. The death struggle had taken place, and the pupil was dilating, or already dilated. In a word, death was imminent, and certainly no one could suppose that a spontaneous return to life was possible under such circumstances.

The diseases which had brought the animals to the verge of death consisted chiefly of inflammation of the peritoneum or of the pleura, following injuries to these membranes, made in the course of the experiments upon the different abdominal viscera, or upon the vagi, sympathetic or diaphragmatic nerves, in the thoracic cavity. In several cases the approaching death was owing to the extirpation of the supra-renal capsules, or of the kidneys.

In every case, without exception, asphyxia was the proximate cause of death. I do not intend to examine its mode of production, this question being too important to be treated incidentally, and I shall make it the subject of a series of papers on the causes of death in acute diseases in man and animals. I ought, however, to say here, that in a very large number of the cases of lesions of the abdominal viscera, in the experiments which form the basis of this paper, the asphyxia was principally the consequence of feebleness of the movements of the heart, the chief (but not the only) cause of which, was an irritation of the ramifications of the great sympathetic nerve in the abdomen.

But, however produced, the asphyxia existed, and in endeavoring to restore life temporarily to the dying animals, it was consequently to be taken into consideration. I was thus led to try whether artificial respiration might have some influence, and I practised it on eight or ten dying animals. In a few instances there was a slight increase in the strength of the movements of the

heart, and one animal seemed to recover his consciousness for a few minutes. The case was very different when the insufflation was employed before the death struggle, but as that is foreign to the subject, I will only remark that we may generally defer the last agony from one to several hours by means of pulmonary insufflation.

This means being inadequate to restore life to animals dying from febrile diseases, I endeavored to discover whether by employing others I might not succeed better. I would say to those who imagine that galvanism may be useful as a means of resuscitating the asphyxiated, that I did not employ it once, because I know that the surest way to destroy the remnant of life in the dying is to subject their nerves and their muscles to the stimulating and exhausting influence of galvanism. (See *Lois des phénomènes dynamiques de l'économie animale*, No. I., page 7-10 of the *Journal de Physiologie*.) I thought then of trying the transfusion of blood, not with the insane idea of the early transfusors, who thought it possible to cure the gravest diseases by substituting fresh blood for diseased blood, but with the desire of ascertaining the effect of this operation on an organism scarcely living, and necessarily condemned to a speedy death.

I performed the operation in different ways, but, on account of my limited space, I shall only describe, in reporting the following case, the method which succeeded best, and I shall afterward add a general description of some modifications of this proceeding.

Experiment.—In October, 1851, a dog, whose grand sympathetic nerve I had tied in the abdomen, was attacked with peritonitis, and, after two or three days' sickness, exhibited the signs of approaching death, so well known to vivisectors. The voluntary movements had already ceased for some time (I did not note the exact time). Sensation and reflex action were suspended in every part, even in the eyes. The last respiratory movements (those of the jaws and nostrils) had stopped. The death struggles (very feeble in this case) in the limbs, the face and the eyes, consisted only of trembling, limited to a very few muscles. The animal had expelled fæces and urine; the pupil was dilating, and the beating of the heart could no longer be felt. The only sign of life still remaining consisted in an indistinct sound, unlike the sounds of the heart, which was heard about eight times during the twelve seconds preceding the transfusion of blood from another dog, which was performed in the following manner. A silver tube, of a T-shape, was attached by the branch corresponding to the cross of the T to the interior of the right carotid of the dying dog, while the free extremity of the other branch, slightly curved, was introduced into the left carotid of another dog, whose head and body were firmly secured to a table. The blood of the healthy dog immediately circulated in two opposite directions, toward the head and toward the heart, in the carotid of the dying animal. At the same

time, the left jugular, and one of the femoral veins of the same animal were opened. At first these veins did not bleed, but almost immediately blood poured from the jugular, and after twenty or thirty seconds, some came from the femoral. During the first fifteen seconds by compressing the carotid which gave issue to the transfused blood, I diminished the quantity of this liquid, and at the end of two minutes the operation was terminated, and ligatures were placed upon the carotid and vein of the dying animal. The jugular vein was left open for four or five minutes, during which the pulsations of the heart began to be perceived. In proportion as the blood flowed from the jugular, the pulse returned. I then had recourse to artificial respiration. As I had but a single assistant, the disturbance caused by the experiment prevented me from counting the pulse during the first twelve minutes. When it was counted, it was very feeble, beating sixty-four times per minute. The insufflation was continued almost uninterruptedly during half an hour. There was sensation in the cornea from the eighth minute after the commencement of the insufflation; a few minutes later, inspiratory efforts took place. After twenty minutes, the animal made voluntary movements, and when the insufflation was stopped, respiration took place, which was quick, but without much strength. The restoration to life, however, was complete as to the existence of all the principal functions of animal and organic life. The animal, although feeble, raised himself on his fore legs, and wagged his tail when caressed. The small and feeble pulse was rapid (110 to 120; several hours afterward, 80). After remaining four or five hours in this state, the animal sank again, and died (I was about to say *died again*) eleven and a half hours after the transfusion.

I shall add only a few remarks to the details of this experiment. I did not weigh the dogs who were the subjects of it, and I do not know the amount of blood which was transfused, nor how much was lost by the dying dog. But I observed that the animal which furnished the blood was small, and that the other was large, so that, judging from these facts, from the duration of the operation, and from several other circumstances, I have reason to believe that the dying animal did not receive more blood than he lost. Subsequent experiments, however, have shown me that the quantity of blood transfused was too large, and that it is probable the resuscitation would have been more rapid if this quantity had been less.

In this experiment there were several causes for the return to life: 1, the passage of normal arterial blood through the coronary arteries, giving more irritability to the muscular fibres of the heart, and consequently rendering them more capable of obeying the stimulus (whatever it be) which causes them to contract rhythmically; 2, the passage of normal arterial blood in the cephalic arteries; 3, the partial substitution of normal blood for blood al-

tered by an inflammatory disease, and by the asphyxia existing during the last struggles; 4, the insufflation of the lungs; 5, the relief to the distended right cavities of the heart, by the bleeding from the jugular vein.

Of these five causes of the temporary restoration to life, there is one, artificial respiration, which, as I have already said, is incapable, of itself, of producing this result. As to the others, I may say that they are nearly as inefficacious as insufflation, if employed alone. Thus, the injection of arterial blood toward the heart by the carotid, in dying animals, is capable only of increasing for a time the force and rapidity of the movements of this organ, but without restoring the circulation; so, also, the transfusion of blood by a vein only hastens the complete stoppage of the motion of the heart, if it is so performed that the right ventricle cannot, from an opening in the jugular, relieve itself of the distension which prevents it from contracting in asphyxia. Likewise transfusion by the carotid toward the brain only adds to the difficulty of contraction of the right ventricle; and, finally, opening the jugular, alone, gives more freedom of action to the right side of the heart, but only for a very short time.

A long time ago, M. Ségalas, and, after him, J. Reid, Dr. Cormack, Dr. H. Lonsdale, and finally Dr. Struthers, ascertained that in asphyxia from hanging, from blows on the head, and in certain cases of poisoning, the movements of the heart could be rendered more active, or could be restored if they had ceased, by bleeding from the jugular, and thus relieving the distension of the right cavities of the heart. This excellent method, if employed alone on an animal dying of an inflammatory disease, is absolutely inefficacious. Even by combining with it pulmonary insufflation, I have never succeeded in restoring the circulation, and still less the respiration and the functions of animal life; the only result has been an increase in the activity of the movements of the heart. But in the cases in which I employed both these means at the very beginning of the agony, and still better, before this was manifested by convulsions, I have frequently seen the respiration and circulation restored for one or two hours, and sometimes there was a momentary return of the functions of animal life.

In a number of cases I tried transfusion by the carotid in two opposite directions, taking care to keep the jugular open during, and a little after the transfusion, and without performing artificial respiration. The resuscitation in these cases was more rare than when insufflation was practised, but it took place in several animals, who lived one, two, or three hours.

Out of the number of trials which I made, I cannot tell what is the actual proportion of those animals who were restored to life for a certain time, nor what was the average duration of this new life in the dying animals upon whom I performed transfusion, insufflation and bleeding from the jugular, because I have not at

hand all my records of experiments; but from such notes as I have before me, I find that in eleven experiments, made on full-grown dogs, cats and rabbits, nearly all dying of peritonitis, four animals were quite restored to life during two, three and four hours (one dog, one cat and two rabbits), and that three others recovered, during one or two hours, their circulation, respiration and reflex action, without restoration of voluntary motion or sensation, while in the four others there was no result, except a slight augmentation in the movements of the heart.

Having of late years, after numerous investigations on the transfusion of blood, discovered that the blood employed need not be warm, and need not contain fibrine,* I have ceased to employ a healthy animal to effect the transfusion. After drawing blood from the jugular, and having commenced artificial respiration, I inject, at several intervals, and very slowly, a quantity of blood rather less than the animal has lost. I direct the injection alternately toward the heart and toward the head, in order to act on the brain, with a view to restore the respiration, and on the muscular fibres of the heart to increase their irritability.

Can we derive from these experiments any consequences relative to the combined employment of transfusion, insufflation and bleeding from the jugular, in individuals of the human species dying of inflammatory or other diseases? It would evidently be useless, if not cruel, in the great majority of cases, to snatch from death, for a time necessarily very brief, one of our fellow beings condemned to death by irreparable structural lesions. But cases might occur in which it would be important that intelligence, speech, the senses and voluntary motion should be restored to the dying. Now the facts stated in this paper, showing that *all the functions of animal life may be restored for several hours in animals in whom the final convulsions have given place almost completely to death*, render it extremely probable that the intellectual faculties, the senses, the speech, &c., might be restored for several hours in patients who have lost their faculties, and in whom the death struggle had commenced. The success of these operations is the more probable, since we need not wait, as I have done, in experimenting on animals, until the death agony has made considerable progress, and still less, until it has almost completely terminated.

* I have recently found, however, that defibrinated blood offers this danger, that when mingled with the blood of the animal into whom it is transfused, it sometimes causes a sudden coagulation; but it is probable that by adding a thousandth or fifteen hundredth part of caustic ammonia to the defibrinated blood, the only danger to its use, so far as I know, may be avoided.

THE ISLAND OF MADEIRA.

[A DESIRE having been several times expressed that the following interesting and valuable letter, originally communicated to the Boston *Daily Advertiser* (February 18th, 1852), be put upon record in the pages of a medical journal, a copy thereof has been kindly furnished us by Dr. J. M. WARREN, and we gladly avail ourselves of the opportunity to give it a permanent place in our pages.]

Dr. JOHN C. WARREN.

Dear Sir,—The following condensed account of Madeira, where I have the pleasure of passing the winter, may be of service, through you, to some of our American invalids, who have but little accurate knowledge about the island or the means of reaching it.

Madeira is a Portuguese island, situated in $32\frac{1}{2}$ degrees of north latitude, and 17 degrees of west longitude. Its latitude is thus nearly that of Charleston, S. C., and about 20 minutes less than Gibraltar. It is 360 miles distant from the coast of Africa, and 250 north of Teneriffe. It may be considered as one mountain of volcanic origin, rising abruptly from the ocean, capped by several peaks, and riven by numberless ravines and valleys, which radiate in all directions from the centre toward the sea; its north side is wild and bold, its south side lower and more gradual in its descent.

Funchal, its capital, nestles at the foot of a noble amphitheatre on the south side of the island, behind a crescent indentation in the shore, its only bay. Surrounded on all sides, except the south, by mountains from one to five thousand feet high, it is protected from every cold wind, and is yet open to the direct rays of the sun from its rising to its setting.

Funchal presents the anomaly of a city without smoke and without dust. Its white-washed houses, its streets for the most part narrow and without sidewalks, its three small praças, occupy the narrow strip of level land, which borders the shore and encroach upon the steep ascent behind. Back of the town, upon the terraced sides of the amphitheatre, are scattered among the vineyards the "Quintas," or residences of the wealthier Portuguese and English.

The terrace around each quinta is laid out in paved walks, and adorned by the greatest profusion of fragrant flowers. A number of these quintas are occupied as boarding houses, and others are let to families who visit the island. They are generally preferred to the houses in town, on account of the fine view which they command and their retired situation. The boarding houses are numerous, and afford a wide selection as to position and temperature, from those situated close to the beach to others at various heights up the ascent behind the town. Many of them are kept

by Englishmen, and as they are patronized almost entirely by invalids, they are supplied with all conveniences necessary to the sick. The inhabitants of Funchal have long been supported by the annual visits of the English, and self-interest has taught them to provide the means to supply their wants. So that now, I know of no comfort, compatible with the nature of the place, that cannot be had.

The great advantage of spending the winter in a warm climate is the power of taking daily exercise in the open air. Hence the facilities for walking and riding are important questions in selecting a place of resort. The peculiarities of Madeira in this respect, owing to the natural conformation of the island, are little known.

From the small level plot of ground, on which the main part of Funchal stands, the roads ascend in all directions at a fearful angle with the horizon; sometimes at 25° , by measurement; often at 10° to 20° . Of course they are impassable to wheel carriages. Hence it comes that a vehicle of any kind on wheels is as great a curiosity in Funchal as a horse in Venice. There are but two in the city, belonging to lovers of notoriety, who produce them two or three times a year, with about as much effect as if Barnum's elephants were marched through the town.

To walk over these steep roads for any one but a native is out of the question; so that a stranger is chiefly confined in his walks to the precincts of the town, with the addition of one road, which runs along the shore toward the west for a distance of two miles, and in time will be carried several miles further. But living, as most visitors do, on the hill back of the town, they have no promenade but the terrace around the house, unless they ride or are carried in a hammock to the town, where they can walk in the *proças* or on the road just mentioned.

The want of carriages is compensated for by excellent horses, palanquins, hammocks and ox-cars. Almost everybody rides on horseback.

The horses are gentle and sure-footed, and always attended by a "*burroquero*," or boy, who follows behind, clinging to his tail to help him along.

The rides about Funchal are very fine, commanding exquisite scenery of mountain, ravine and ocean. The north side of the island is still more wild and grand. Its views are said by connoisseurs to surpass anything of the kind in Europe. They can be reached in a trip of three or four days from Funchal; but it is a severe tax upon the strength, and, when undertaken by an invalid, often undoes all the good effected by his winter's residence.

In a palanquin or hammock, suspended from a pole, which is borne on the shoulders of two men, one can ride nearly as fast as on horseback, over these uneven roads. The motion of the hammock is much more gentle than that of the palanquin, and it is bet-

ter adapted to the invalid, who can recline in it at his ease, while he enjoys the fresh air and some degree of exercise. The palanquin and hammock are the common modes of conveyance in making calls, or attending parties.

The nearest approximation to carriages is to be found in the ox-cars or sledges, which have been introduced into the island within a few years. They are almost identical in their construction with a Russian sleigh. They move on two runners, contain two seats facing each other, and have an iron rod projecting behind, which an attendant holds on by, and keeps the sleigh from "slewing." Two oxen are the steeds of this novel chariot. The experiment of riding in one could be easily tried in America, by harnessing a yoke of oxen to a sleigh and driving over bare ground; but it must be confessed that the stone pavements of Funchal are worn so smooth by constant friction as to diminish in a measure the squeaking and jerking of the runners, and that it is no despicable way of taking a ride when you get used to it.

As for amusements, in the common meaning of the word, Funchal has but few. There are no theatres, no concerts, but few parties, and no balls, except one given monthly by a Portuguese club. There is scarcely any intercourse between the Portuguese and the English visitors; but the English merchants have a true southern hospitality toward all strangers. An association of these merchants possesses a very good library of several thousand volumes, and a billiard room, to which visitors are allowed to subscribe.

Still this delicious climate, this fine scenery, and books in abundance, do not compensate many people for the loss of excitement and for the absence of all communication with the rest of the world, for a month at a time. Yet the quiet life which is led here is no small recommendation to an invalid.

I am now writing on the 25th of December, but, for aught I see around me, I might think it was June. The orange trees in front of the house are ripening their fruit. The light green leaves of the banana are waving their broad expanse in the breeze. The rose, heliotrope, jessamine, fuchsia, passion flower and geranium are flowering in the greatest profusion, climbing over the trellises about the gardens, or growing wild by the roadside; and if you could ascend the mountain with me 1800 feet, where a *cooler climate* prevails, I could show you *trees* of the double camelia japonica, growing in the open air to the height of twenty-five feet, and putting forth buds, that in one month from now will unfold into exquisite flowers of white and crimson. Such is Christmas day at Funchal.

The climate of Madeira may be characterized as mild, equable and moist. The mean annual temperature of Funchal is $66^{\circ} 93'$. The mean temperature of December is $64^{\circ} 25'$; of January, $60^{\circ} 24'$; of February, $61^{\circ} 12'$; of March, $63^{\circ} 43'$. The steadiness of

temperature is the chief excellence of Madeira weather. The winters are warm; the summers comparatively cool; the change of temperature from month to month, and from day to day, remarkably gradual.

The mean annual range of the thermometer is only 14 degrees; the mean change of temperature from month to month is 2 degrees 21 minutes; from one day to another, 1 degree 11 minutes.

Hence the great superiority of Madeira over places which present the same mean annual temperature, but which include a far greater range, and are liable to sudden changes of heat and cold.

The amount of moisture in the air is an important element in considering the climate of any place. At Madeira moisture is not perceptible to the feeling. We never have a fog, though a slightly hazy state of the sky is not uncommon. Still I believe the climate to be moist in comparison with ours, though much drier than that of England. The air is never so bracing as it often is with us; and is somewhat relaxing in its tendency. Hence, in general, the climate may be said to be better adapted to patients with a dry, irritated state of the bronchi, and little expectoration, than to those who have a copious discharge from any mucous membrane, especially if attended by a relaxed state of the system.

Observations on the hygrometer at Funchal, made by Charles McEwen, Esq., of Philadelphia, in 1848-49, give the mean difference of the dry and wet bulbs during the colder months as follows:—December, 4 deg. 8 min.; January, 6 deg.; February, 6 deg. 4 min.; March, 9 deg. 1 min.; April, 6 deg. 4 min.; May, 6 deg. 8 min. I am now taking a series of observations which promise to confirm these results.

At irregular intervals during the year a sirocco wind, known here as the “Leste,” blows for several days from the coast of Africa. The air is then very dry; directly the reverse in this respect to the sirocco of the Mediterranean.

The price of room and board at the best boarding houses in Funchal is \$50 for the lunar month, but may be had as low as \$30. Horses are generally hired by the month at \$30. Besides these necessary expenses, there are but few other ways of spending money.

Madeira may be reached by the transient trading vessels from New York, but the accommodations are very poor. It is better to come by the way of England. The South American steam packets leave Southampton on the ninth of each month, stopping at Lisbon and Madeira. The fare to Madeira is from \$100 to \$150, according to the berth. The passage occupies eight days, including twenty-four hours at Lisbon. These are the only packets that sail with any regularity. Several sailing packets, with good accommodations and passage at \$75, leave Southampton at irregular intervals, generally once a month. They take from six to twenty days to reach Madeira. If the report that reaches me is true of

a line of steamers to be established from New York to the Mediterranean, touching at Madeira, the facility of reaching here will be much increased.

The comparatively moderate temperature of the summer at Madeira renders it suitable for a residence the whole year round, which none of the resorts in Italy are. By ascending to the higher parts of the island, any oppressive heat is avoided. Some of the keepers of boarding houses in Funchal have summer houses on the mountains in the neighborhood, or accommodations can be found in a village to the north of the island.

The climate of Madeira has had many eulogists; perhaps it would be well if it had had less. It is indeed a delightful exchange of fogs and east winds, of snow and sleet, for the air of spring and eternal verdure; but if the invalid expects to find the fulfilment of a dream, "a land without a shower and without a cloud," as Madeira has been extravagantly described by some, he will be disappointed; or if he thinks to throw off all care of himself and find a panacea for all his ills in the climate, he will be wofully mistaken. But if he comes with the rational idea that no sky is invariably fair; that, the world over, he will find days and hours when exposure will be dangerous; if he looks upon the change of climate in its true light, as a powerful adjuvant to all that proper care on his part and medical skill can do, and acts accordingly, he may find the reward of his pains in restoration to health or lengthened days.

Most respectfully yours,

Funchal, Madeira, Dec. 25, 1852.

F. J. BUMSTEAD, M.D.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

Foreign Body in the Right Bronchia Eleven Months and Five Days.—By S. A. TOOTHAKER, M.D.

In December, 1857, Lowry A., son of John L. Howard, of Wilmington, Mass., aged 18 months, suddenly became strangled, while being washed, as if from some foreign substance in the pharynx. The mother's finger, introduced as a curved probang, soon brought out of his mouth the round extremity of a custard-squash seed, being about two fifths of its original length. The symptoms of strangulation ceased, but immediately the child suffered from an oppressed and wheezing respiration, and severe paroxysms of coughing directly supervened.

This state of things continued, with but little apparent change, for some months. At times the cough would become more teasing, and the respiration more oppressed. Small emetic doses of ipecacuanha would then give some relief. Thus he lived along between hope and fear, on the part of his parents, for three quarters of a year. A severe cold at length increased the symptoms. They assumed a graver type. The little patient lost his appetite, refused his toys, would not get upon his feet, grew pale and much emaciated. Distinct râles were

heard at a distance from his crib, much of the time in another room, and the case presented little prospect of a favorable issue. Wine of antimony or ipecac, sufficient to produce emesis, would cause a free discharge of mucus from the air passages, and give temporary relief. The extreme debility, inappetency and paleness, with a hectic flush daily, appeared to indicate tonics, and quinine was tried with much advantage. The patient seemed better than for some weeks previous. Finally, on Saturday, Nov. 6th, a little bloody matter was for the first time expectorated, and the next day, during a paroxysm of coughing, the pointed end of the squash seed was ejected. The shell only of the seed remained, which I here exhibit. It measures, in its present dry condition, ten weeks after expulsion, more than half an inch in length by nearly three eighths in width. When expectorated, it was filled with a purulent fluid.

There was an immediate improvement in the little fellow, the respiration becoming easy, flesh and strength increasing. He is well.

[The late Dr. Ephraim Buck reported, some forty years ago, a case which occurred in his practice in the same town of Wilmington, of a child who had a watermelon seed lodged in the air passages for about two years, when it was expectorated; and the man is now living in an adjoining town.—SEC'Y.]

American Dime in the Trachea.—By B. CUTTER, M.D.

O. L., aged 17, while running in the street with this coin in his mouth, carelessly allowed it to slip into his throat during an inspiration, and it was drawn into the trachea. The boy's statement was readily proved, for by coughing lightly, the coin, which was too large to enter either bronchia, would be thrown up in the trachea, and its fall could be distinctly heard.

The patient was placed, face down, on a sofa, his legs and feet on the seat and held by an assistant, his pelvis over the arm of the sofa, allowing his body to hang vertically with his head near the floor. As soon as in position, a smart blow on the back was administered, and the coin immediately passed the glottis and fell upon the carpet.

Hematemesis.—Case reported by H. HOLMES, M.D.

Mr. —, Irish, a stout, athletic bootmaker, 42 years of age, called on me March 12th, 1858. He complained of lack of appetite, a feeling of lassitude, lack of energy to pursue his calling; tongue slightly furred, pulse natural, complexion sallow. Gave him blue mass 5 grs., every other night for a week, followed by gentle cathartics each succeeding morning. Some days afterward he reported himself better; and still later, that he was quite well, and felt like himself. April 17th, again called on me, complaining of tenderness on pressure in the epigastric region, and want of appetite. I prescribed for him, and advised him to avoid holding his work against his stomach, as was his wont. After this he consulted an Irish physician in Boston, and, as he thought, without benefit. Some one advised him to try Medford rum, which he did, until he was satisfied it did not agree with his complaint. About the first of July he called on me again, with all his former symptoms aggravated, and much emaciated. July 31st, I was summoned in haste, found him with features collapsed, eyes closed, head and shoulders raised, and apparently much exhausted. He had vomited a wineglassful of blood. This was preceded by a convulsion somewhat violent. His wife stated that he had raised a good

deal of blood at times, for some weeks. His extremities now were cold, pulse small and unsteady; and in about an hour he died.

Autopsy, 24 hours after death. Dr. Hodgdon present. Most of the organs were healthy, except the stomach, which contained about three pints of coagulated blood. Its tissues in the cardiac portion were inflamed, and in some places ulcerated; one of the ulcers, deeper and larger than the rest, had involved bloodvessels of considerable size, that had caused the hæmorrhage, which had resulted in death. The spleen was also firmly agglutinated to the part of the stomach inflamed.

Pertussis.—Cases illustrating Gibbs's Nitric Acid Treatment in Pertussis. Reported by W. INGALLS, M.D.

J. V., 4½ years old, and generally in good health, had, Nov. 22d, 1858, a very flushed face and dizziness, accompanied for an hour with "screechings." I saw him at 11, A.M., and found him heavy-eyed; conjunctivæ and skin around the mouth, yellowish; cheeks dingily flushed; tongue coated; pulse 120, not very hard; respiration not much accelerated. Has been whooping one week, and for two weeks previous had catarrhal cough. For the last three nights has not slept one whole (consecutive) hour, on account of the paroxysms of coughing.

R. Hydrarg. chlorid. mit., gr. j.; sacch. alb., grs. x. M. et in chart. No. iij. divid. One of the above powders was given at 11 o'clock, A. M. The following mixture was left, with directions that the child should take one teaspoonful of it every two hours, beginning as soon as the calomel should operate. *R.* Acidi nitrici dilut., flʒ xii.; tr. cardamom. comp., flʒ iij.; syr. simpl., flʒ iiii.; aq. puræ, flʒ i. M.

Nov. 23d, 11, A.M.—The mother reported that the powder operated at 5, P.M., and that at 6 she gave the first spoonful of the acid mixture; from about 2, A.M. to 6, A.M., there was no paroxysm of coughing, and during most of the time the child slept well. The yellowness remains; countenance more natural; pulse 95, soft; tongue cleaning. Continue acid mixture.

Dec. 12th.—The mother reports that from my last visit on the 23d ult., the child has had very few coughing spells in the night time, a majority of the nights being passed in uninterrupted sleep.

Jan. 1st, 1859.—For the past week the child has seldom coughed, day or night. Has been taking two teaspoonfuls of the mixture three times daily.

CASE II.—L. J. had been whooping two weeks, and had been coughing for four weeks when I saw her on the 20th Dec. 1858; 3½ years old; generally healthy; has chronic moderate enlargement of the tonsils. Have not been called upon before this day, because the mother thought little or nothing could be done for whooping cough but to let it take its course. For the last three or four nights the little girl has had many severe paroxysms of coughing, so that the night rest of both parents has been seriously broken in upon.

From 11, A.M., the child took one teaspoonful of the acid mixture mentioned above, every two hours regularly, until 10, P.M. From 11, P.M. until 3, A.M., she slept quietly.

Dec. 28th.—The cough is reported as "not troublesome;" there are two, and sometimes three, paroxysms in the twenty-four hours.

Jan. 10th, 1859.—The child has had no paroxysm for two days; takes three teaspoonfuls in twenty-four hours.

During the last twelve months I have been called upon to prescribe for no case that had not been whooping for at least two weeks. My note-book contains ten other cases, besides those above mentioned, in which I have employed the nitric acid treatment with manifest advantage.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 24, 1859.

CASTRATION FOR THE RELIEF OF EPILEPSY.

UNDER the above caption, the following paragraph appeared in the *London Medical Times and Gazette* of January 29th, 1859:—

“A man of middle age, who has come over from America in order to put himself under English treatment, on account of epilepsy, and who presents a remarkable illustration of the nitrate of silver staining of the skin, must have come under the notice of many of our London readers. He has been already at several hospitals, and his case has excited much attention. One object especially in view in his crossing the Atlantic was, to have tracheotomy performed, and another to find some surgeon who would remove his testes—his own firmly-fixed notion being, that his disease is referable to the latter organs. He is a widower. At length he has attained his wish. Mr. Holthouse, at the Westminster Hospital, about a fortnight ago, removed the glands. Opinions will, of course, differ widely as to the justifiability of such an operation; but a very interesting opportunity of showing the effect of so radical a measure on the disease, will, at any rate, be afforded. We shall, of course, revert to the further progress of the case.”

There are certain points in the above to which we wish briefly to refer. The patient, it seems, went “from America in order to put himself under English treatment, on account of epilepsy.” It would appear from this statement, that the unfortunate man could not get any proper treatment in this country, for his terrible disease. This is very distressing. We had been, until now, under the impression that most of our medical men, here, knew something of the treatment of the disorder in question, and were even enlightened so far as to be acquainted with the latest and most reliable suggestions thrown out, not only by “English,” but by other foreign authorities. Perhaps, however, we have been mistaken; or else the patient has been living in some obscure portion of this continent—possibly in Canada—or, in *South America*, it may be, amongst the Peruvians or Patagonians—at all events, where some one has been absurd enough to give him the nitrate of silver until his skin “illustrates remarkably” the staining derived from the too prolonged internal use of that salt. We do not wonder he wants some *other* treatment—doubtless the “English” will do as well as any.

We next learn from the narration in the *Times and Gazette*, that one prominent object the patient had in view “in crossing the Atlantic was to have tracheotomy performed.” At the first reading of this sentence, one might gather from it, very naturally, that no one in America knew how to perform tracheotomy—but, on considering the expression a little, its vagueness is resolved into the assertion—as we understand it—that the patient went to England to have tracheotomy.

performed for his epilepsy—not having found any surgeon willing to treat it thus, in this country.

While we might have grave doubts as to the efficacy of tracheotomy in the treatment of any epileptic case—notwithstanding the illustrious “English” name attached to the origination of the procedure—we have a very decided opinion as to the next “English” performance recorded as completed upon the man who went “from America.” He went, as the same journal tells us in the paragraph quoted above, “to find some surgeon who would remove his testes—his own firmly-fixed notion being, that his disease is referable to the latter organs.” We rejoice that the deluded man *could not* find such a surgeon in America, and we are glad that he went away in order to “attain his wish.” The *Times and Gazette* takes care to mention that the patient “is a widower”—in *quasi* extenuation, apparently, of the proceeding of Mr. Holthouse, of the Westminster Hospital, who “removed the glands.”

We can hardly understand how a surgeon can justify a proceeding of this sort, or even be persuaded into it merely by a patient’s impotency, or the urging of “his [the patient’s] own firmly-fixed notion.” A great many patients have similarly well-rooted ideas, to comply with which would, it is evident, be equally wrong and childish. The responsibility of right and wrong in such cases, lies wholly with the medical or surgical adviser; and he is no more justified in acceding to preposterous propositions on the part of his patients, than the superintendent of a lunatic asylum is if he entertains and carries into execution any of the wild whims of his *protégés*.

We fully agree with the latter portion of the *Times and Gazette’s* comments upon the operation performed by Mr. Holthouse upon this epileptic wanderer. “Opinions will, of course, differ widely as to the justifiability of such an operation.” We believe that, if the question could be decided by a vote of the entire medical profession, Mr. Holthouse would find himself in a very decided minority. We look with anxiety for the future revelations upon this “widower’s” case, promised by the *Times and Gazette*—they will doubtless prove an important illustration of the force and propriety of “English treatment.”

In this connection, we would refer to an *exposé* of a disgraceful proceeding—in America—given by Dr. La Fayette Avery, in the March number of the *Buffalo Medical Journal*. A sufferer from spermatorrhœa is the subject, and he did not have to cross the Atlantic in order to be castrated for the cure (?) of his disorder. He found a “botanic physician” willing to do it for him. The operation was, of course, performed in a bungling manner, the patient being indulged with some whiskey, to nerve him for the occasion. After a long time, one of the glands was “extirpated” (a descriptive term, indeed!), and then, the operator’s knife being found too dull, he borrowed a sharper one from a physician—we are ashamed to write it—a *regular* physician, who so far forgot his professional standing as to be a witness of this barbarous process—“and removed the remaining testicle with more celerity.” We ought to state that the reporter of this abominable procedure, Dr. Avery, declined to be present himself, but had the account communicated to him by the above-named physician, who, adds Dr. A., “allowed his desire for amusement to get the better of his sense of professional propriety.” * * “*Amusement*,” indeed!

The latest report of the patient’s condition, as reported by Dr

Avery, is as follows : " General health partially restored, and he is able to do a moderate day's work. There is still spermatorrhœa, and he much regrets the loss of his seminal glands. He can look no one in the face, and says he would give one thousand dollars to have his manhood back again." A pleasant result, truly.

We do not wish to bring Mr. Holthouse and the " Botanic Physician " into too close proximity—for we know the former, by reputation, to be a gentleman and a highly esteemed surgeon—but we cannot, for the life of us, see why a man should be castrated for epilepsy any more than for spermatorrhœa.

We should have mentioned that the victim of the quack was *not* " a widower " : but, from certain expressions in Dr. Avery's paper, we learn that he was glad to be released from the bonds of matrimony, and which was at once effected by his mutilation—" for his wife left his bed and board on the instant."

In conclusion, we would ask, respectfully and seriously, whether castration *versus* epilepsy is to be the order of the day ?

THE NEW SYDENHAM SOCIETY.

MESSRS. EDITORS,—I noticed, in your JOURNAL of the 24th ult., an article respecting the " New " Sydenham Society. Since this notice, I have received a communication from the Secretary, Mr. Hutchinson, explaining somewhat the objects and scope of the " New " Society. The prospectus, which I have not yet received, though sent about the same time as this letter, will explain all matters fully. Mr. Hutchinson says, in his letter, " We have already 1700 members, and are steadily increasing. The books will be uniform in size (8vo.), type, &c., and the intention is to keep close to those of a practical class. * * * The number of books issued each year will depend upon the number of members. If we can gain another 300 this year, I have little doubt but that we can afford the whole of the six volumes mentioned for one subscription ; at any rate, five would be certain."

The following notice was issued by the Council, Feb. 1st, 1859.

"THE NEW SYDENHAM SOCIETY.

" The present Volume—*Diday on Infantile Syphilis*—is the first published by the New Sydenham Society.

" The following works are in the hands of the printer :—

" Vol. II.—*Gooch on some of the more important Diseases of Women and Children, and other papers. With Prefatory Essay by Dr. Robert Ferguson. Wood cuts. To be ready in March.*

" Vol. III.—*Selected Memoirs on Diphtheria (Bretonneau, Trousseau, Guersent, Buchut, Daviot, and others). With a Bibliographical Appendix. Nearly Ready.*

" Vol. IV.—*Schröder Van der Kolk, on the Anatomy and Physiology of the Spinal Cord. With Plates.*

Schröder Van der Kolk, on the Medulla Oblongata, and on the Proximate Cause and Rational Treatment of Epilepsy. With Plates. These two volumes will be bound in one.

" Vol. V.—*Clinical Memoirs on Abdominal Tumors and Intumescence. By Dr. Bright. Collected and reprinted from the Guy's Hospital Reports. Edited by Dr. Barlow. With Plates and Wood cuts.*

" Vol. VI.—*A Volume of Translated Modern Essays (chiefly German) on different medical subjects. Wood cuts.*

" The Council begs to announce to the members, that the first twelve months having been taken up in the organization of the Society, and the preparation of the first year's series of books, it has determined that 1858-9 shall count as one

year. The series of books, now commenced, will, therefore, be issued for 1859, and no second subscriptions will be due until January, 1860.

"The Council confidently trusts that Vols. II., III. and IV. will be in the hands of the members early during the present year.

"Whether the other volumes (V. and VI.) may be also issued as part of the first year's series, must depend upon the number of new members obtained.

"A small number of extra copies of the work will be printed for the supply of those who may join the Society during the current year."

Those desirous of becoming members, are requested to send their names directly to me, the Local Secretary for this section of the country. It is a labor *con amore*, and shall be so executed.

No. 1 Staniford Street.

R. H. SALTER.

RICHARDS'S COD-LIVER-OIL JELLY.

SINCE the use of cod-liver oil has been so universal and constant, much ingenuity has been expended in efforts to annul its exceedingly unpleasant taste and smell. These attempts have been only partially successful, although the majority of patients get so accustomed to the remedy, that its disagreeable qualities are often nearly or quite ignored. Perhaps the best plan for disguising cod-liver oil is to form a jelly, which shall, however, contain a large per centage of it. The preparation we here notice, purports to hold "eighty-five per cent. of the purest Light Oil, fresh from the livers." We have, in one instance, tried Richards's jelly, and found that it was easily taken—the taste and smell not being complained of. Different patients bear the remedy variously. Some cannot digest the oil at all—or they do so with difficulty. We should think it very probable that such persons might assimilate it in the gelatinized form.

The originator of this jelly does not wish it to be empirically taken, nor without the opinion of a judicious physician as to the propriety of its use, and the proportions of the dose. He need not have entered with so much particularity into the evils of improper medication in the affections where a nutritive and strengthening treatment is indicated; since all honest and competent physicians, at the present day, are not only fully impressed with the truth of such statements, but also endeavor, themselves, to convince their patients thereof—and such disquisitions are peculiarly the physician's province. Nor can we, with the experience already attained with cod-liver oil, endorse Mr. Richards's statement that "*it is a tonic of the highest class.*" Of its nutritive and restorative powers, however, there can be no doubt; and we think this jelly may be used with advantage by those in whose cases the medicament is at all needed, or likely to be beneficial.

The jelly is neatly put up, has an inviting look, and is afforded at a reasonable rate, when the care and labor requisite for its preparation are considered. For sale by S. H. Woods, Apothecary, 51 Tremont Street.

BLAIR & WYETH'S PURE CHOCOLATE FOR FAMILIES AND INVALIDS.

IN these days of extensive adulteration of the various articles of food and drink, it is with pleasure we hail anything that even purports to be pure and worth purchasing. And when we can have the testimony of those who *know* an article to be thus reliable—they being good judges and honest men, we are thankful for the rare mercy, and eager to procure the well-attested specimen, whether it be of edible or medicinal nature, whenever we require the same.

There are few who do not appreciate a well-prepared cup of *good* chocolate. It is a delicious beverage for well persons, and often a very suitable one for invalids. When it is made up of extraneous materials in large proportion—such as “mutton-fat, mahogany dust, pea-nuts,” etc., it is an objectionable drink for any one, and must be positively injurious to the delicate and susceptible. We are sorry to say that it has rarely been our good fortune to secure a truly good specimen of chocolate in this country, and we had nearly abandoned attempts at regaling ourselves in this particular sphere of gastronomic delight. Within a few days, however, Messrs. Metcalf & Co., of this city, have sent us a sample of chocolate whose designation stands at the head of this notice; and, on due trial, we pronounce it to be most excellent. The directions for preparing it having been scrupulously followed by one who knows how, we drank a large cup full of the chocolate; to have imbibed another would have been a delicious indulgence, but we paused, lest we should transcend the bounds of prudence, remembering that one ought not to take too much of very rich and delicate food—for this is food as well as drink.

We think that all who try this preparation will be highly pleased with it. Our only fear is that we shall be tempted to substitute it too often for our coffee, and thereby seriously diminish the already impoverished contents of our purse. How we wish it could be afforded at a *little lower* rate—but it would be brazen-faced effrontery to ask it!

THE MICROSCOPE AND PARASITIC DISEASES.

We regret that the article which our correspondent so justly criticises should have appeared in the *JOURNAL* without editorial comment. Those who are conversant with the difficulties which occasionally occur in the management of a periodical, will readily believe that an article may occasionally slip into its pages without due consideration by the editors. Our correspondent makes no allusion to Dr. WHITE's connection with the case; and we need hardly say that he was entirely ignorant that his name was to be brought before the public in this connection

Diphtheria.—Scarcely any disease is more insidious than diphtheria. It calls for immediate and energetic treatment; yet under the most skilful hands is often incurable. When neglected or mistaken, it is indeed a fearful malady. We protest, therefore, in behalf of the public and the profession, against the system which at present obtains of vaunting in the public papers of “remedies” and “specifics” for dangerous diseases. There is no “specific;” and “remedies” are valueless except when they are administered with judgment—a judgment which can be possessed only by the medical practitioner. Really it is time to put a stop to amateur doctoring in diseases of a fatal character. People may, if they please, in the less severe or dangerous maladies, amuse themselves with a placebo or with globules; but when life is at stake, and delay or a mistaken line of treatment causes death, their folly becomes crime, their rashness little less than murder.—*Lond. Lancet*.

Perkins Institution and Massachusetts Asylum for the Blind.—The number of blind persons connected with the Institution in January last, was reported as 114. Since then, for the three quarters last past, 15 have been admitted and 15 have been discharged, leaving the actual number 114.

Medical Graduates in Philadelphia.—The Jefferson Medical College held its commencement on Tuesday, the 15th inst., on which occasion the Degree of Doctor of Medicine was conferred on 256 young gentlemen. The valedictory address was given by Prof. Franklin Bache, M.D. The exercises were conducted in the presence of a very large and intelligent audience.—On Thursday, the 17th, the Medical Department of the University of Pennsylvania held its annual commencement. The Degree of Doctor of Medicine was conferred on 140 candidates for the honors of the doctorate. The charge to the graduates was given by Prof. Henry H. Smith, M.D. As is usual on these occasions, the audience room was filled by an attentive and highly respectable audience.—The commencement of the College of Pharmacy of Philadelphia was held on Thursday evening, the 17th inst., on which occasion the Degree of Graduate in Pharmacy was conferred on twenty-one candidates. The valedictory address was delivered by Prof. Robert Bridges, M.D.—*Med. and Surg. Reporter.*

Medical College of Georgia.—The names of thirty gentlemen were presented by the Faculty of the Medical College of Georgia, at its late commencement, to the President and Board of Trustees, for the Degree of Doctor of Medicine. They also recommended that the Honorary Degree of M.D. be conferred upon Rev. W. H. Clark, Missionary to Central Africa, and Dr. William B. Gilbert, of Clay Co., Geo. The Faculty report, that there were in attendance upon the Course of Lectures which has just terminated, 165 Students, of whom 112 were from Georgia, 21 from Alabama, 26 from South Carolina, 2 from Florida, 1 from Tennessee, 1 from North Carolina, 1 from Texas, and one from Mississippi.—*Southern Med. and Surg. Journal.*

Savannah Medical College.—The annual Commencement in this Institution took place on Monday, March 7th. The Dean reported to the Trustees, that 34 students had been in attendance on the Lectures during the past season. The Degree of Doctor of Medicine was conferred on eight of the class. The *Ad Eundem* Degree was conferred upon A. S. Fowler, M.D., of Ringgold, Ga., and W. P. Parker, M.D., of Marietta, Ga.—*Savannah Jour. of Medicine.*

Hereditary Influences in the production of Insanity.—Hereditary influences, striking as these often are, really exist in but a very small proportion of all the cases of insanity; and even where they do, the individual who is strictly mindful of natural laws, avoids excesses of all kinds, and is happy in his domestic and social relations, may be really much better off than those who lead a different kind of life, and yet have never known an ancestor to suffer from such an affliction.—*Dr. Kirkbride's Hospital Report.*

The Leniceps.—M. Mattei presented very lately to the Academy of Medicine of Paris, an instrument for the extraction of the child, which differs from the ordinary forceps by being very short, and by the branches locking upon a transverse wooden handle. The inventor considers that his instrument does not frighten the mother, as it may be used without her knowledge, and that it acts very gently upon the child. He therefore proposes to call it *leniceps* (leniter capiens) in contra-distinction to *forceps* (fortiter capiens).—*London Lancet.*

ERRATUM.—In the last number, page 142, line 9, it is stated that a patient was "salivated twenty years"; it should be, twenty years ago.

MARRIED.—In New Bedford, March 17th, Charles M. Tuttle, M.D., to Miss Elizabeth B. Arnold.

DIED.—At Blackstone, 5th inst., Geo. M. Burgess, M.D., formerly of Goshen, 42.—At Pepperell, 23d ult., Mrs. Eliza J. Cutter, wife of Dr. Nehemiah Cutter; and, 15th inst., Dr. Nehemiah Cutter.—At Charleston, S. C., March 6th, Dr. Thomas D. Mutter, 60, Emeritus Professor of Surgery in Jefferson Medical College.

Deaths in Boston for the week ending Saturday noon, March 19th, 62. Males, 35—Females, 27.—Accident, 2—bronchitis, 1—consumption, 17—convulsions, 1—cholera infantum, 1—croup, 1—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 3—typhoid fever, 1—scarlet fever, 4—disease of the heart, 3—inflammation of the kidneys, 2—disease of the kidneys (Bright's), 1—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 1—measles, 1—palsy, 1—pleurisy, 3—rheumatism (of the heart), 1—scrofula, 1—suicide, 1—tabes mesenterica, 1—teething, 3—unknown, 1—whooping cough, 1.

Under 5 years, 22—between 5 and 20 years, 7—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 41—Ireland, 14—other places, 7.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, MARCH 31, 1859.

No. 9.

LECTURES ON ASTHMA.

DELIVERED AT HOTEL DIEU, BY PROF. TROUSSEAU.

[Translated from the *Gazette des Hopitaux* of Oct. 12th, 1858, for the Boston Med. and Surg. Journal.]

LECTURE VI.—TREATMENT OF ASTHMA.

IN some places where asthma is a common malady, the treatment of this affection was formerly given up to empirics. In the East Indies, it was a popular remedy to smoke a certain plant, which was nothing but the *datura metel*. Dr. Anderson, a physician at Madras, recommended the use of this plant; he sent some of it to an English officer, who brought it to Europe in 1802, and gave part of it to Dr. Sims, of Edinburgh. That gentleman, perceiving its efficacy, tried as a substitute the *datura stramonium*, and to-day the *stramonium* has become a popular remedy in the treatment of asthma.

What we have said of the *stramonium* is applicable to the other species, the *ferox* and *fastuosa*, as well as to the *metel* which was first employed, and to the other *Solanaceæ*; but most commonly it is the *stramonium* which is employed. Of all the remedies administered to overcome the attacks of asthma, this usually succeeds the best. Its dried leaves may be smoked, either in a pipe or rolled up in paper in the form of cigarettes. This remedy does not succeed with all cases; it is generally without effect in habitual smokers. It is easy to understand this, when we reflect that tobacco is a poisonous *solanum*, and consequently belongs to the same family as *datura*; so that being accustomed to the action of nicotine may hinder the action of the active principle of *stramonium*. Nevertheless, I have known tobacco smokers who found relief from *stramonium*; which proves that this has a specific action different up to a certain point from that of nicotine, and that consequently one cannot replace the other entirely. There are, at the same time, asthmatics, who, not making an habitual use of tobacco, are able to calm their attacks by smoking that plant. I myself am of the number; and I have already told you that it is often sufficient for me to take a few whiffs of a cigar to obtain entire relief.

In general terms, all the poisonous Solanaceæ—*Datura*, *Tobacco*, *Hyoscyamus*, *Belladonna*—possess more or less the same properties. They all enter into the composition of the *cigarettes Espic* of Bordeaux, cigarettes which have enjoyed for a long time a great reputation in the treatment of pure asthma and pulmonary catarrhs, complicated with nervous accidents. They are prepared in the following manner :

Selected leaves of <i>Belladonna</i> ,	-	-	-	0.30 centigr.
“ “ “ <i>Hyoscyamus</i> ,	-	-	-	0.15 “
“ “ “ <i>Stramonium</i> ,	-	-	-	0.15 “
“ “ “ <i>Conium</i> ,	-	-	-	0.05 “
Gummy extract of <i>Opium</i> ,	-	-	-	0.013 milligr.
Cherry-laurel Water	-	-	-	q. s.

The leaves, dried with care and freed from their nervures, are broken up and carefully mixed. The opium is dissolved in the cherry-laurel water; the solution is equally distributed over the mass. The paper which is used to form the cigarettes is previously washed, at the time of the moistening of the plants above mentioned, with the cherry-laurel water, and suitably dried. We can understand the success of this remedy.

It is always very important, when we prescribe to asthmatics the use of the *datura* and other solana, to proscribe the abuse of them; otherwise they would soon exhaust the power of these remedies. It is when the attack is violent, and only then, that recourse should be had to them. The patient should smoke two cigarettes a day, or rather each night at the moment of the attack, and not seven, eight, or ten, as a great many are tempted to do.

When the patient cannot smoke, a substitute may be supplied by burning the *datura* in his chamber, surrounding him in this way with an atmosphere of antispasmodic smoke.

I repeat, with this method of treatment, as with all, at least with all those addressed to nervous complaints, we must pay special attention to individual peculiarities. One patient will be benefited by the *Datura*, another by *Belladonna*, another by *Hyoscyamus*, a fourth by *Tobacco*. There are those, also, and the patient No. 1 is of the number, who cannot bear the Solanaceæ; for these we must employ other remedies justly extolled.

Among these remedies, I would mention fumigations of nitre paper, made in the following way:—make a saturated solution of nitrate of potash, with which a sheet of unsized paper is to be soaked. This paper, properly dried, is divided into a certain number of parts, and each one of them is rolled into the form of cigarettes, which the patient smokes like a tobacco cigarette. If he cannot use it in this way, the paper is rolled up into a ball, and then lighted; the smoke is received into a tunnel, or more simply still, into a cone of paper, of which the patient places the end in his mouth, inhaling, thus, whiffs of the smoke.

In some patients I have associated both methods of treatment, by causing them to roll up the leaves of the solana in a cigarette of nitre paper.

Among the remedies used in the treatment of asthma, is one, by turns vaunted by some and proscribed by others in too sweeping a manner, for in a certain measure it renders signal services; I refer to the application of ammonia to the back part of the pharynx.

This treatment is due to Ducros de (Sixt). Called to a patient suffering from asthma, he applied, by means of forceps, to the back part of the pharynx, a large hair pencil filled with water and aqua ammoniac in equal parts.

An eccentric man, and full of the strangest medical theories, Ducros was led to this practice by this singular idea, that the bottom of the pharynx was the centre from which emanated all the nervous power of which he thus sought to modify the action. Strange as his point of departure was, he obtained real success from his ammoniacal applications; that which he obtained particularly in the case of the sister of Louis Philippe, gave him at once a great reputation in Paris. Experiments made by other physicians, by M. Rayer, by myself, showed in some cases the efficacy of this remedy. But in others I had occasion, for my own part, not to flatter myself for having employed it; formidable symptoms occurred at the moment of making the application; and while acknowledging its advantages I ought to warn you of its dangers.

Two cases will always dwell in my memory.

A strong man, of colossal frame, came one day to consult me in my office; he was sent to me by my colleague and friend, Lebreton. At the moment when I introduced into the back of the throat the brush charged with the diluted ammonia, he was seized with a frightful paroxysm of orthopnoea; in an instant he leaped to his feet as if thrown up by a spring, and rushed to the window in a state of fearful suffocation. I believed he was going to die, and he thought the same. Nevertheless the relief came; but the patient did not care to try a second experiment.

Some time after this, a lady, whom I have since had occasion to see, came to consult me. This time I operated with the most extreme caution; and, notwithstanding, hardly had the brush touched the pharynx when a terrible attack of dyspnoea came on. This time, at any rate, I was able to watch the result of treatment, and I learned that the patient remained two months without a return of her attacks; an exemption which she had not had for a long time.

Our patient in No. 1 will tell you that he, too, has been subjected to this application of ammonia, and that the only time he submitted to it he was seized with such an attack of dyspnoea that he seemed to be at the point of death. From that moment, too, he had his attacks every four days, returning at the hour the ope-

ration was performed, while previously he had an attack only once in three months.

The treatment of Ducros, then, does not cure all cases, although many patients bear it with perfect ease. Ducros employed it daily without ever observing any bad effects. Nevertheless, the accidents which I have witnessed have shown me that we should use it only with extreme caution, and that death itself may happen in the midst of one of these fearful crises. Therefore, when I have recourse to this remedy, I take the precaution which I also recommend you to employ. I cause the patient first to breathe the vapor of the ammonia, by passing under the nose a phial filled with this alkali; then I touch the throat the first time with a solution of one part ammonia to nine parts of water. The next day I use a solution containing eight parts of water, then seven, gradually coming to a solution of one part to three, and at last, when the patient has become accustomed to it, I use a solution of equal parts.

There is another method of employing ammonia, which is to keep the patient in an atmosphere of ammoniacal vapors, which are disengaged by leaving in the chamber plates filled with this substance.

It is to these vapors that certain patients owe the relief which they obtain by a residence, more or less prolonged, in places where this ammoniacal vapor is disengaged. I have already quoted the case of the captain of a vessel, whose history Dr. Vidal communicated to me, and who was free from his attacks while he was navigating a ship filled with guano.

The internal use of ether, either under the form of a syrup or in capsules, is a means which also sometimes succeeds; sometimes, also, I have obtained good results from an emetic given at the right time. That which I employ is ipecacuanha, of which I give forty-five grains in powder, divided into four parts, to be taken every ten minutes until an effect is produced.

I have indicated some of the means proper for combating the attacks of asthma; it remains for me to speak of the means to be employed to prevent their return.

Here the intervention of art is often less efficacious than in the first case; often it is powerless.

The following is the method of treatment which has had, in my hands, the most fortunate result in the cases in which I was able to try it.

This plan of treatment is long, and requires to be followed with great exactness; it is composed of the following series of means:

1. During ten successive days, in each month, the patient takes, on going to bed at night, at first one, then three days after two, and the four last days four pills of the following composition: extract of belladonna, 0.01 centigr.; powdered belladonna root, 0.01 centigr. Ft. pil. i.

2. During the next ten days, the preparations of belladonna are replaced by the syrup of turpentine, of which the patient is to take at night four hundred and fifty grains.

3. During the last ten days of the month, the patient is to be put on the use of arsenical fumigations, which are made in the following manner.

A solution is made with fifteen grains of arseniate of soda in three hundred of distilled water. With this solution soak a piece of paper, not sized, so that it may dry easily; the paper, properly dried, is divided into twenty equal parts, each of which, consequently, holds five centigrammes, or three quarters of a grain, of arseniate of soda.

Each piece of paper is folded into the form of a cigarette. The patient, having lighted it, inhales the smoke, which by a slow inspiration is made to enter the bronchial tubes. But four or five whiffs should be taken once a day. In the same way as with the inspirations of nitre, if the patient cannot smoke the cigarette, he makes use of it by burning the piece of paper rolled up into a ball under a tunnel, or paper cone, in the manner I have mentioned.

Finally, as a complement to the treatment, the patient ought to take, once in ten days for a year, in the morning fasting, a powder of a drachm of Peruvian bark. During fifteen years that I have employed this method of treatment, I have had reason to be pleased with the result in a good number of cases.

In speaking to you of the causes of asthma, I have told you that climate and locality have a decided influence on certain patients; I have mentioned cases of asthmatic patients who never had an attack while they resided in certain localities, whereas in others they were constantly tormented. This circumstance should be taken advantage of. But in advising these patients to change their residence, you ought to refer them to their own experience, or to warn them, if they have not tried this method of treatment, often efficacious it is true, that experience alone should be their guide, for often you may exhaust the jurisdiction of medicine, so to speak, without obtaining satisfactory results. There does not exist, in fact, an absolute rule in this matter. A place answers perfectly well for one patient, which does not suit another. Thus, low places generally agree with asthmatics; high lands are generally hurtful, and yet I have known a general, who, subject to incessant attacks of asthma during his residence in Paris, was free from them during ten months that he passed at Clermont-Ferrand, and had not the slightest attack during the time that he remained among the mountains of Mont-Dorè, where he made numerous excursions on foot and horseback.

You perceive, then, the peculiarities of this singular affection: etiological, pathological, therapeutic peculiarities, all show you that asthma is of an essentially nervous nature.

S. L. A.

CASE OF SUDDEN DEATH, ATTRIBUTED TO IMPRUDENT BATHING.

[Communicated for the Boston Medical and Surgical Journal.]

BY EDWARD WARREN, M.D.

A SINGULAR case of sudden death came under my notice upon Thursday last, the 17th inst.

I was called, about half past four o'clock in the afternoon, to visit a boy in a fit. On arriving at the house, I found a lad of 9 years of age in severe convulsions of a peculiar character. I learnt from the young man who was with him, and who drove a milk wagon, that he belonged to Newtonville, and had been in the frequent habit of getting into his cart upon the road, for the pleasure of a ride. On this day, on passing the usual place, he whistled and checked the speed of his horse, to give him the opportunity, if he wished. The boy came out of the woods, ran after the wagon, and got in. He talked for some time, and told the milkman that he had been into water, which the latter supposed was said in joke. He continued to talk until they reached Weston bridge, a few rods from a house where they stopped to take milk. When his companion first noticed that anything was amiss, the appearance of the lad led him to suppose he was seized with lockjaw. He was carried immediately into the house, vomiting by the way. I saw him very soon after. There was, at first, some relaxation of the spasms; and although his teeth were firmly closed together, I found no great difficulty in getting down a dose of ipecac. Sinapisms were applied to the bowels, and the limbs and head rubbed with ammonia. His feet had already been placed in a warm bath.

The spasms became more violent; they were of a tetanic character. The facial muscles were in powerful action, producing every variety of grimace and contortion of the countenance, resembling the action of galvanism upon the recent subject. The pupils of the eyes were fixed and turned downward, so as to be scarcely visible. There was frothing at the mouth. The body was bent backward, producing opisthotonos. The whole appearance resembled that which I have witnessed from an overdose of strychnine, and led me to inquire whether it was possible he had found any poisonous berries in the woods.

As soon as sufficient hot water could be obtained, I had him placed in a hot bath. The limbs became relaxed, the pupils assumed a natural position, and there was slight appearance of returning consciousness. But the contortions of the facial muscles soon returned. Gradually, however, they ceased, the whole system became relaxed, and the pulse imperceptible; the breathing became more gentle, then intermitted, and soon stopped. His death took place within about an hour and a half from the commencement of the attack. The sinapisms had produced no redness, and there was no effect from the ipecac.

I subsequently learnt that he, with two other boys, had gone into a pond to bathe. One of the others had gone home directly, and dropped down insensible upon reaching his father's yard. He recovered. The third boy, it is said, did not take off his clothes as the others did, but merely waded into the water. I am told, also, that they had dug up and eaten some roots which they found in the woods, and that one of these roots was shown to a physician in Newtonville, who pronounced it of a medicinal character, but not poisonous.

I am not aware of any root or berry in the neighborhood, that could produce effects resembling those from *nux vomica*. On the other hand, it is singular for chill to act in this manner upon the spinal marrow and brain, producing the effect of an irritant and stimulant. The usual action of cold is to torpify, not to excite, the nervous system. Torpor and insensibility are the well-known results of cold. Paralysis of the lower limbs is not an unfrequent attendant upon immersion, for some time, in cold river or brook water. We sometimes hear of the ice being broken in winter, for the purpose of religious immersion. No unfavorable results have occurred in these cases. But the vomiting, and the high degree of stimulation of the nervous centres, is at least uncommon.

The patient ran after the milk wagon, got in as usual, and appeared lively and talkative. It might be supposed that the run after the wagon would counteract, in some degree, the effect of cold bathing, by exciting the circulation; while the subsequent ride was not long enough to produce much chill; the weather on the 17th not being very cold. If the symptoms could have been attributed to any fresh poisonous root, there was just time enough for its influence upon the system, which the exercise of running and riding might have accelerated.

The *Traveller* states that he was buried upon Sunday, and that his body presented a remarkably fresh appearance, the color hovering about the lips, as if life still lingered. Such I believe to be frequently the case where life is destroyed by sudden and powerful action upon the nervous system.

Newton Lower Falls, March 24, 1859.

OBSERVATIONS AND REMINISCENCES ON THE USE OF CHLOROFORM AND ETHER.

BY P. PINEO, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It was my good fortune to witness the first capital operation performed under the influence of the *Letheon*, at the Massachusetts General Hospital, in the fall of 1846. Since that time, more

than 12 years, I have been in the almost daily habit of administering ether and chloroform, in midwifery, as well as in surgical and medical cases, and my experience has been entirely free from fatal or even very uncomfortable results.

That there is danger in the injudicious use of both ether and chloroform, is not to be questioned. Of the comparative danger of the two, there is also no question—chloroform being more dangerous, not *per se*, but because it requires more care and enlightened experience in watching the effect on the system. It is more rapid in its effects, and requires a larger admixture of the oxygenating influence of the atmosphere, than ether.

That a perfectly healthy animal or human being can be brought to a state of apparent death, by anæsthesia, with comparative safety, I have no question. I have subjected different animals—cats, dogs, mice, &c.—to the influence of chloroform and ether until there was no sign of life, and witnessed their gradual recovery when exposed to atmospheric air; often without any attempt at resuscitation, though sometimes artificial respiration was required. I have given to horses sufficient chloroform to control all motion, and in one case operated for cataract on both eyes, without the slightest twitching of a muscle, both eyes being fixed and immovable. In another case, I kept a horse near two hours under the influence of chloroform, in performing a prolonged operation. Perfect recovery was soon manifest when pure air was allowed.

When chloroform was first introduced, I was called to attend a woman in labor with her first child. The patient was 22 years of age, finely proportioned, fat, and enjoying rude or rustic health. The child proved to be unusually large, weighing 14 pounds and some ounces. The labor was long continued, and difficult. At a proper stage of the labor, I administered chloroform freely, short only of stopping the pains. Other patients requiring my attention, I left the woman for a short time, and was unavoidably kept away two or three hours. I left several ounces of chloroform, giving permission to the nurse to use it carefully if the patient suffered greatly. On my return, I found that my chloroform had disappeared, and from accounts, the patient had been kept insensible by the use of it for hours. The patient was delivered without instruments, and had a quick and perfect recovery.

A young man, about 21 years of age, very muscular, possessing the same rude and robust health as the preceding patient, has had strangulated inguinal hernia, three or four times at different periods within about two years. Extreme muscular prostration was necessary in order to reduce the hernia. Chloroform was given to complete relaxation and apparent death, the tongue falling back over the glottis and all respiration ceasing, and even the heart's action being undiscernible. By discontinuing the chloroform, seizing the tongue and pulling it forward, exposing the patient to fresh air, and exciting artificial respiration by the postural meth-

od, the patient would soon resume his breathing, and the next day be quite comfortable.

But there are cases with a low and anæmic condition of the system, with or without cardiac disease, where the greatest caution is necessary. I have recently had two or three such cases. On inhaling a small quantity of a mixture of chloroform and ether, great irregularity of the heart became manifest, a disposition to syncope, a nameless distress, &c. In one case, these symptoms were present when the patient had not the slightest degree of fear about breathing the anæsthetic.

Mrs. W. had been subject for years to occasional attacks of rheumatism and irregular action of the heart. My diagnosis was organic disease of the heart. Having decayed and troublesome teeth, and wishing them extracted, she requested me to go with her to the dentist and administer an anæsthetic. She would not be dissuaded, but insisted quite peremptorily on inhalation, and I acquiesced in her urgent wish, and administered a mixture of ether and chloroform. I carefully watched the effect on the heart, desisting as soon as untoward symptoms were manifest, but etherizing sufficiently for the patient to have several teeth extracted, and almost without pain. The next day the patient felt no unfavorable effect from the inhalation. A few months after, she died in an instant from disease of the heart.

The foregoing cases tend to show—

1st—That perfectly healthy and robust human beings and animals can breathe chloroform and ether, to almost any reasonable extent, with impunity.

2d—That anemic patients, with a depressed condition of the system, flabby heart, &c., require great care and watchfulness during the administration of anæsthetics; and although we cannot always fully diagnosticate these cases, yet, with caution, and a knowledge which can appreciate danger in its incipency, with the prompt use of stimulants and restoratives when necessary, we can generally insure against accidents in such cases.

3d—That the fact of structural disease of the heart being present need not wholly exclude the use of anæsthesia, but it should in such cases be resorted to with great caution.

For an inhaler, I use a folded napkin, which permits the ready admixture of the atmosphere to whatever extent may be desired.

For slight operations, I think the rule should be, the minimum dose that will produce the effect desired.

The quality of the chloroform and ether is a most important consideration; too much care to have them pure, cannot be taken. The impurity of the material has often much to do with the uncomfortable effects produced.

Queechy, Vt., March 21, 1859.

A CASE OF CONGENITAL DEFORMITY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case of congenital deformity recently fell under my observation, and may be of interest to your readers.

I was called, October 31, 1858, to attend Mrs. J. A., in confinement with her third child. She was delivered of a still-born male child, after a brief labor, and which had talipes varus of both feet; curvature of the spine; a total absence of anything resembling a neck; the head resting directly upon the body, and considerably drawn back, so as to make the face look almost directly upward; and what was still more singular, it had a full set of teeth in the upper jaw as far back as the first molar tooth, which was much larger, in proportion, than the other teeth, standing out very prominently, and as large as the same tooth in a child ten years of age. They were all of a yellowish white color, and of a cartilaginous character. The mouth was very large, the corners drawn up, giving it a horrid sardonic grin; displaying all the teeth, which seemed to protrude, the upper jaw being more prominent than the lower.

S. MITCHELL, M.D.

Cameron Mills, N. Y., March 18, 1859.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 24th.—*Cancer of the Liver.* Case reported by Dr. COALE.

E. P., a maiden lady, æt. 53, had generally enjoyed excellent health until June last, when she felt she was weaker than usual, and had occasionally attacks of nausea and vomiting without apparent cause. She travelled for two months or so, without any marked change in her condition. Dr. C. saw her early in October. She was bright and cheerful, but complaining of great debility. The complexion was clear; tongue clean; pulse natural; appetite less than natural; occasional nausea and vomiting, even after the simplest and slightest food; the dejections natural in appearance, free and regular; urine at times high colored and loaded with lateritious sediment. Not the slightest pain was felt, and no malaise except that from debility. On examining the abdomen, a firm tumor was discovered in the right hypochondrium, extending as far as the median line, and as low as the crest of the ilium. It was not tender. The case being apparent as one of malignant tumor, and the vital functions being as yet undisturbed for the most part, the treatment was confined to sedatives and calmants at night, for she was apt to be wakeful. The debility increased, and the urine became green, and, on examination, was found to contain a large portion of bile. The bowels two or three times required prompting by aperients, but the stools were always natural in color. Within two weeks of death, very severe pain was felt at times in the tumor,

requiring decided anodynes. At this period, also, for the first time was there any tinge of bile in the skin. The feet also swelled, but not to any great extent. The urine became a deeper green, and was still more loaded with deposits. Death occurred December 4th.

On examination after death, the liver was found greatly enlarged, and pervaded everywhere with scirrhus masses of every degree of consistence, from a hard, firm nodule, to a soft, pultaceous mass. The gall-bladder was filled with gall-stones, apparently composed chiefly of cholesterine with very little coloring matter. All the other organs were natural.

The noticeable points in this case are—the slight disturbance of the functions generally, and more particularly those in which the liver is immediately concerned; the natural color of the stools and also of the skin until within two weeks of death; the vicarious task of the kidneys in eliminating the bile; and the generally comfortable condition of a patient with so serious a malignant disease.

JAN. 10th.—*Cancer of the Thigh; the Disease subsequently appearing in the Pleura and Lungs.* Case reported by Dr. GAY, and the specimens shown by Dr. ELLIS.

Mrs. T., aged 72, was operated upon at the Massachusetts General Hospital, on the 3d of September, 1858, for a large encephaloid tumor of the right thigh, situated posteriorly, of five or six months' duration. The weight of the tumor was two and three quarters pounds, and strongly adherent, for the distance of three or four inches, to the sciatic nerve, along the upper half of its course.

For several days afterward, there was very severe pain in the posterior part of the thigh and leg, which was evidently referrible to the sciatic nerve. At the end of the week, she was more comfortable in every respect. The wound, which at the time of the operation was about ten inches in length, united by adhesion throughout most of its extent. The Record states:

"Nov. 14th.—Wound healed. Patient thinks she is well enough to go home." In a day or two from this time, she walked about the room without assistance. On the 17th, a hard nodule, deep seated, was discovered in about the centre of the wound, not painful, except during extension of the limb. This nodule increased, and, on the 25th, was as large as a good-sized apple, firm, hard, somewhat movable, with occasional stinging pains. Nov. 27th, by her request, the tumor was again removed. It was very adherent, at its deepest part, to the surrounding structures. The sciatic nerve was implicated, as before. The tumor weighed three quarters of a pound, and, like the first one, under the microscope showed an unmistakable malignant growth. After the operation, for a few days she suffered about the same as she previously had. For about a week, the wound looked sufficiently healthy. Dec. 14th, a part of the granulations had a suspicious look, and, on the 18th, there was no doubt that the disease was returning. No complaint was made of any pain in the region of the wound, but all the pain was referred to the leg and foot. Dec. 23d, the diseased growth was four inches long and three inches wide. To-day, for the first time, she had sharp, stitchy pains in the left infra-mammary region, with some cough, and expectoration of mucus. The nose was stuffed up, and there was frontal headache and injection of the conjunctival membrane. On percussion and auscultation.

tion, there was dulness and a diminished respiratory murmur, in lower half of the left chest, anteriorly and laterally.

Dec. 30th.—The tumor of the thigh was increasing, the pain in the leg being still severe. The pain in the side was at times very acute, and occasionally was entirely absent. Not much, if any, change in the dulness and absence of the respiratory murmur. There was scarcely any expectoration, and the cough was less frequent.

Jan. 4th, 1859.—Patient was evidently failing rapidly, from the increase of the tumor of the thigh, and from the trouble in the chest, which was feared to be of a similar malignant nature. The pain in the side was more acute and darting, and the cough more frequent.

She lingered along, and died Jan. 9th, at 9½, P.M.

Sectio Cadaveris.—The following is the account of the autopsy, made by Dr. ELLIS.

In addition to the red mass which projected above the external surface of the thigh, a number of tumors were found in the immediate neighborhood, from an inch and a half to two inches in diameter. All were quite soft, and of a delicate pinkish color.

The pleural cavity contained five pints of serum. The lung lay against the spine, and was quite firmly adherent at the posterior and upper part, and, to a limited extent, below. Upon its external surface, and other parts of the pleura, were many bright-red, smooth, rounded nodules, from one or two lines to two inches in diameter. These were most numerous and largest in the lower part of the costal, and in the diaphragmatic pleuræ, where they formed almost a continuous mass. Lying among these were a few small, whitish, semi-gelatinous, pediculated growths, entirely different in their appearance from those above described. No disease of the kind in the opposite pleura.

Left lung dark-red and fleshy. In the substance was an irregular, soft, whitish mass, perhaps two inches in diameter. This appeared to be distinct from the internal growths. In the right lung were several soft, whitish nodules, from a quarter of an inch to an inch in diameter.

Several of the bronchial glands contained deposits like those found in the lungs.

The liver was quite large, of a light-yellow color, and very fatty. In its substance were a number of soft, whitish nodules, as large as peas, resembling the growths previously described.

At the point of the splenic artery where it bifurcates, just before entering the spleen, was an aneurism, two thirds of an inch in diameter, the walls of which had undergone a cretaceous change.

As already stated, the growths in the lungs and liver were soft and whitish; but those of the thigh and pleura had a pinkish tinge.

Microscopic Examination.—Portions from the external tumor, and those within the lungs, pleura and liver, were examined. They all contained, with slight variation, the same elements. The most prominent of the latter were elongated cells, many of them quite long. These contained, for the most part, elongated nuclei, some with distinct and large, but more with indistinct nucleoli. They were all more or less granular. A few large, round or oval bodies were seen, probably free nuclei, some of which contained well-marked nucleoli. The cells on the external tumor contained many granules, or minute

globules, and were evidently degenerating, although to the naked eye the color did not indicate it.

Whether the cells in the greater part of the tumor first removed could properly be called fibro-plastic or not, there was a marked difference in the different portions of the first growth; that difference was still very noticeable in the re-growth; and in the specimens removed after death, although there was a greater uniformity in the appearance of the cells, and but few had the large, well-developed nuclei and nucleoli, they were certainly much more nearly allied to those previously found in the soft portions of the primary and secondary tumors than to the others.

Bibliographical Notices.

Congenital Exstrophy of the Urinary Bladder, and its Complications, successfully treated by a New Plastic Operation. Illustrated. By DANIEL AYRES, M.D., LL.D., Surgeon to the Long Island Hospital, &c. &c. New York: 1859.

THIS pamphlet, of 14 pages, with 4 wood-cuts, contains the report of an operation undertaken "in the hope of mitigating the deplorable results of parturition," viz., prolapsus uteri, and for the "melioration of a hitherto intractable deformity."

An ingeniously-designed plastic operation, performed upon a young woman aged 28, who was the subject of a congenital exstrophy of the bladder, and who, having borne an illegitimate child four months previously, had also prolapsus uteri, resulted in the formation of a "urinary canal which would admit the little finger to be passed up one and a half inches; the prolapsus, though somewhat improved, still required a pessary to be worn. The operation was done on the 7th of December, and the patient's history closes on the 20th of January. As we have little or no detailed account of the condition of the patient's deformity after the operation, and only the statement that "the result was better than was anticipated," if the brief space of time over which the observation extends authorizes us to form any conclusion, it is, that "Mr. Errichsen," as Dr. Ayres writes the name, is about right when he says (as quoted in the pamphlet), that "operations have been planned and performed, with a view of closing in the exposed bladder by plastic procedures, but have never proved successful, and do not afford much encouragement for repetition."

If Dr. Ayres had himself turned to the first volume of the *Edinburgh Medical and Surgical Journal*, to which he refers in his preliminary remarks, he would have found that Dr. Andrew Duncan, Jr., and not "Dr. Monro," was the author of an elaborate article giving the details of 41 male and 8 female cases of exstrophy of the bladder, including an account of the celebrated case of Matthew Ussem, who, in the last century, was as well known to the surgeons and students of Europe, as the unfortunate individual who now makes the annual tour of our own medical colleges, is to us. The same journal also contains the history of one Ann Carter, 22 years old, who died worn out by the sufferings her deformity gave rise to, and whose body was dissected by Sir Astley Cooper; the article is contributed by that distinguished surgeon, and is beautifully illustrated.

In Chopart's *Maladies des Organes Urinaires*, Vol. I., pp. 338, 339, Dr. Ayres might further have found the amusingly-described case of Cabrol, which was operated upon successfully, and which would have set at naught his theory that a "prolongation of the urachus into the cord acts as a foreign body to prevent the osseous union of the *symphysis* and bodies of the pubis," so that the "recti and other abdominal muscles necessarily inclining off to be inserted at these abutments, removes all anterior support from the viscera situated in this region." (The spelling and grammar Dr. Ayres is responsible for.)

An attentive reading of his pamphlet leads us to the conclusion that the author has not sustained the pretensions of his title-page. H.

A Paper on the Management of the Shoulders in Examinations of the Chest; including a New Physical Sign. Read before the New York Academy of Medicine. By JOHN W. CORSON, M.D. [From the New York Journal of Medicine.] New York: H. Baillière. 1859. 8vo., Pp. 32.

WE commend this pamphlet to the attention of all practising physicians, as containing several new and comparatively valuable suggestions. We have not yet had much opportunity of putting into practice the various methods by which the author proposes to render the respiratory sounds more audible, but we can well believe that they are as efficient as he represents. They consist in stretching the muscles of the chest by placing the arms in different positions. The tissues between the lungs and the ear of the observer are thereby rendered thinner, and at the same time harder, and consequently become better able to conduct sound. The new physical sign claimed by Dr. Corson is a kind of prolonged, loud, liquid breathing, as if through a layer of wet sponge, which he calls *moist respiration*, and which is heard either before or after the period of mucous râles, about the middle of the lung behind, in bronchitis. Besides this sign, he describes another, which we believe to be of great value, and which has escaped the notice of previous observers; it is a diminution in the movements of the shoulder during respiration, on the side corresponding with the diseased lung. It may be observed in phthisis, pneumonia and pleurisy. In some cases there is a difference in the relative stiffness of the top of the shoulder and the inferior angle of the scapula, depending, apparently, on the situation of the disease, which seems "to paralyze, as it were, the parts nearest." Thus, when a small bed of tubercles was found at the extreme apex of the lung, the stiffness would be mostly acromial; but if they were situated nearer the middle of the organ, the stiffness would be chiefly confined to the angle of the scapula. The difference in the movements of the scapulæ may not only be seen, but felt, by placing an index finger on the angle of each bone, and for this purpose it is not necessary to remove the clothing. A table of 18 cases is subjoined, in which the motion of the shoulders was modified by disease.

The pamphlet concludes with some suggestions on the treatment of phthisis, in which the writer speaks in a hopeful tone on the possibility of arresting the disease, and ultimately restoring the patient to health, and he quotes a few cases which have fallen under his own observation, in which the success has been most gratifying. The style of the author has a certain animation which makes his essay quite

attractive. He is evidently an enthusiast, not only in the science of medicine, but in the ends to be obtained by it. We think he has made a real advance in the diagnosis of diseases of the chest, and we cordially commend his views to the attentive consideration of the profession.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 31, 1859.

THE BATH TIMES AND THE MEDICAL JOURNAL.

THE *Bath Times*, in reply to an article in the JOURNAL complaining of an unjust attack, in that paper, on the medical profession, pays us a high compliment. It says, "the Boston Medical and Surgical Journal is one of the most popular, most influential and most highly-valued medical journals of the country. It sustains an important relation to the profession; is, and ever has been, ably conducted, and, quite as refreshing as anything else, is the fact that its columns are kept free from vituperation and scurrility." We thank the *Times* for this handsome testimonial of merit, and it will ever be our aim to be worthy of it. The *Times* also admits the injustice of condemning the whole profession in Massachusetts, on the supposition that the surgeons were in fault in this particular case, and regrets that its language was susceptible of such a construction.

The *Times*, however, is not convinced that there was no error in diagnosis in the case of the Rev. Mr. Thayer, and although we can hardly hope to make things quite clear to a layman, we will state the reasons for our opinion. The newspaper's statement is manifestly incorrect. The use of the probe, in a recent case of compound fracture, is not to ascertain the presence of mortification, which does not supervene until a later period, but to discover the amount of injury done, from which an opinion might be obtained as to whether mortification would be *likely* to come on, in which case it would be expedient to amputate as soon as the patient's strength should rally sufficiently. The question whether mortification had taken place would be determined by the eye, and not by the probe, since it would begin at the extremity of the limb, instead of at the seat of injury, and at the surface, instead of the deep parts. It is obvious that in many cases the question of the propriety of amputation must be one of extreme difficulty, since it depends upon many elements, some of which are withheld from us. There could be no question as to the diagnosis in so obvious a case as this, but there might be a mistake in the prognosis, *i. e.*, as to whether the injury would necessarily compromise the life of the patient. The actual facts of the case, as we learn, are that, at the consultation, one of the medical gentlemen was in favor of amputation, the other two were opposed to it, and hence it was not done.

The *Times* is very much inclined to doubt our assertion that medical men are among the hardest worked and poorest paid in the community, and its chief argument seems to be that the physician's bill, in fatal cases, is made by law one of the first to be paid out of the

estate of the deceased ; and it labors under the erroneous impression that physicians get at least seventy-five cents or one dollar for each professional visit. "It is really a question," says the *Times*, "which may soon demand solution, if medical attendance will not have to be provided for the common laborer as for the pauper, at the public expense. How is it possible for a poor man to pay seventy-five cents or a dollar a day for medical attendance upon a sick wife or child, to say nothing of druggists' bills and other extras?" This question has long ago been determined. It seldom happens that the laborer has to pay seventy-five cents for a visit from a respectable physician. He is aided in large communities by the establishment of dispensaries, where not only paupers, but the poor of the laboring classes, receive advice, attendance and medicine gratis. Among a more scattered population they also receive advice, attendance and medicine gratis ; but from whom ? From physicians ; few unconnected with the profession are aware how much time, care and money are bestowed upon the poor by the medical profession. What Sir Walter Scott says of the Scottish country physician, will apply to the profession in this country, and, we believe, in all countries. Who does not remember that beautiful tribute to his disinterestedness and humanity, in *The Surgeon's Daughter* ? We quote the concluding sentences : "I have heard the celebrated traveller, Mungo Park, who had experienced both courses of life, rather give the preference to travelling as a discoverer in Africa, than to wandering by night and day the wilds of his native land in the capacity of a country medical practitioner. He mentioned having once upon a time rode forty miles, sat up all night, and successfully assisted a woman under the influence of the primitive curse, for which his sole remuneration was a roasted potato and a draught of buttermilk. But his was not the heart which grudged the labor that relieved human misery. In short, there is no creature in Scotland that works harder and is more poorly requited than the country doctor, unless it may be his horse. Yet the horse is, and indeed must be, hardy, active and indefatigable, in spite of a rough coat and indifferent condition ; and so you will often find in his master, under an unpromising and blunt exterior, professional skill and enthusiasm, intelligence, humanity, courage and science."

STUDIES OUT OF SCHOOL.

We took occasion, several years ago, to express our opinion on the subject of the injurious effects of excessive application to study on the young, and more particularly of lessons out of school. We are glad to see that Dr. RAY, in his late Report as Superintendent of the Butler Hospital, has devoted much space to the consideration of this topic, and that he agrees with us in the opinion that in many cases this practice lays the foundation for future disease. The subject has been discussed of late by the School Committee, and we hope that the opinion of so high an authority as Dr. Ray will cause attention to be more strongly attracted to this point, not only in the School Committee, but throughout the community. There is no doubt that insanity is on the increase in our country, if not in all civilized countries, and it behooves us to prevent this tendency, so far as possible. Over stimulation has the same effect on the mind that it has on the body—it renders it less able to resist those deleterious influences to which it must inevitably be exposed. If the vigor of the intellect has been

sapped by excessive mental application before it has attained maturity, how can it help yielding to the pressure of grief, excitement, responsibility, anxiety, and other powerful influences which must afterward assail it?

We do not mean to say that lessons out of school are the cause of all the insanity in this community, or of a large part of it; but we do assert that the children in our public schools are frequently overstimulated, and that such excess cannot fail to impair the mental powers. Dr. RAY says that six hours is the ordinary limit of intellectual labor, in an adult, which can be indulged in, without fatigue and injurious effects. If this limit be exceeded, the evil consequences show themselves, sooner or later, in some form of mental disorder, as well as in a depreciation of the quality of the result. If, then, six hours be enough for an adult, certainly it should never be exceeded by children; as well might we expect them to undergo with impunity the same amount of bodily labor as those who are full-grown.

We believe, as we remarked in our previous article, that by shortening the hours of study to a reasonable length, the total amount accomplished would not be diminished. When moderately exercised, the mental powers retain their full vigor; but if pushed too far, although it may not be evident at first, the intellect becomes less equal to its task. We hope the time will soon come when children will have less study from books and more from the observation of nature; when the natural sciences will be more taught to the young, and when more out of door life will make them stronger, more cheerful, and even more capable of intellectual labor than they now are, shut up in furnace-heated, crowded school-rooms.

PALMER'S ARTIFICIAL LEG.

THE articulations of knee, ankle, and toes, consist of detached ball-and-socket joints, A, B, C. The knee and ankle are articulated by means of the steel bolts, E, E, combining with plates of steel firmly riveted to the sides of the leg, D, D. To these side plates are immovably fastened the steel bolts, E, E. The bolts take bearings in solid wood (properly bushed) across the entire diameter of the knee and ankle, being fourfold more reliable and durable than those of the usual construction. All the joints are so constructed that no two pieces of metal move against each other in the entire limb. The contact of all broad surfaces is avoided where motion is required, and thus friction is reduced to the lowest degree possible. These joints often perform many months without need of oil, or other attention, a desideratum fully appreciated by the wearer.

The tendo Achillis, or heel tendon, F, perfectly imitates the natural one. It is attached to the bridge, G, in the thigh, and passing down on the back side of the bolt, E, is firmly fastened to the heel. It acts through the knee bolt, on a centre, when the weight is on the leg, imparting security and firmness to the knee- and ankle-joints, thus obviating all necessity for knee-catches. When the knee bends in taking a step, this tendon vibrates from the knee-bolt to the back side of the thigh, A, Fig. 2. It descends through the leg so as to allow the foot to rise above all obstructions, in flexion, and carries the foot down again, in extension of the leg for the next step, so as to take a firm support on the ball of the foot. Nature-like elasticity is thus attained, and all thumping sounds are avoided.

Another tendon, H, of great strength and slight elasticity, arrests the motion of the knee, gently, in walking, thus preventing all disagreeable sound and jarring sensation, and giving requisite elasticity to the knee.

A spring, lever, and tendon, I, J, K, combining with the knee-bolt, give instant extension to the leg when it has been semi-flexed to take a step, and admit of perfect flexion in sitting.

A spring and tendons in the foot, L, M, N, impart proper and reliable action

to the ankle-joint and toes. The sole of the foot is made soft, to insure lightness and elasticity of step.

The stump receives no weight on the end, and is well covered and protected to avoid friction and excoriation.

The late Prof. Mutter, of Philadelphia, in a letter to the inventor, thus speaks of Palmer's artificial arm, which was described in a recent number of this Journal.

"Philadelphia, Dec. 14, 1858.

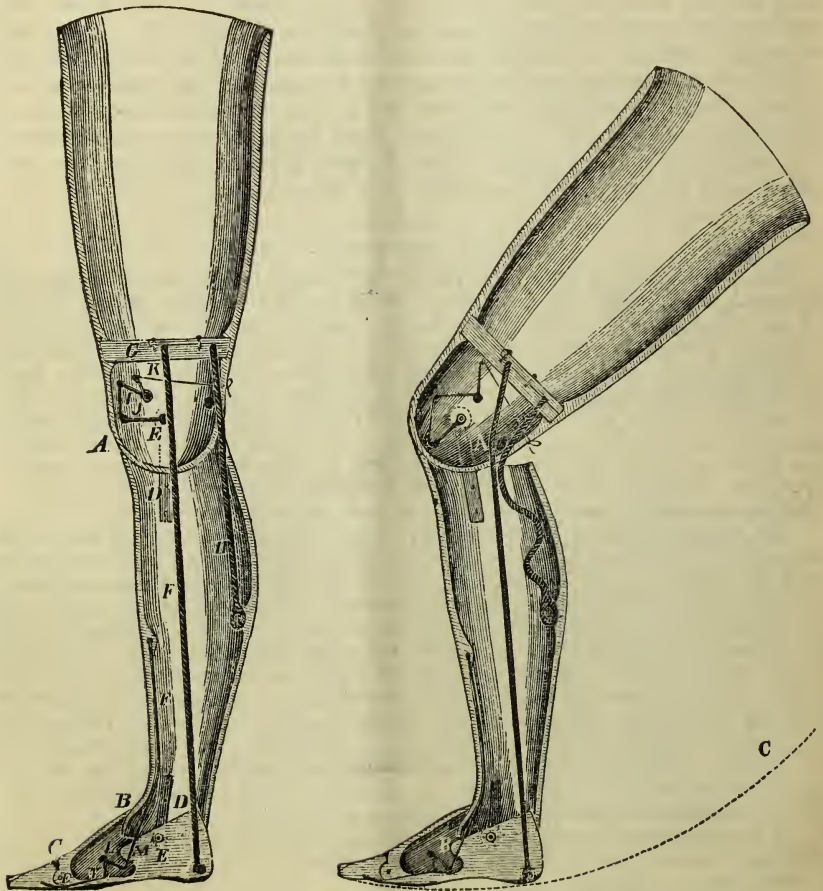
"MY DEAR SIR,—I am really much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful artificial hand and arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequalled* "artificial legs." After many years' observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

"Trusting that you will continue your efforts to relieve your afflicted fellow creatures,

I remain, very sincerely yours,

"B. FRANK PALMER, ESQ., &c. &c.

THOS D. MUTTER."



ST. LUKE'S HOSPITAL.

THIS is a new Hospital, which has recently been erected in New York, in the upper part of the city, occupying the block between 54th and 55th Streets, from 5th half way to 6th Avenue. Within three blocks of the Central Park, and upon some of the highest ground on the Island, this situation has been admirably chosen for the erection of a hospital, and the building itself, in its architectural beauty, is an ornament to the city.

The Hospital consists of a main building, and two wings, each of which is 150 feet in length. The main building is occupied, on its lower floor, by reception rooms, rooms for the house officers, &c., and above by an exceedingly beautiful and chaste chapel, in which religious service is conducted by the Rev. Dr. Muhlenberg on the Sabbath, and prayers are read daily at 12 o'clock. The religious element is noticeable in another feature connected with the Institution, the nurses being all ladies of refinement and education, who have devoted themselves to attendance upon the sick; and an experience of several years, at the Infirmary connected with the Church of the Holy Communion, has shown that these Protestant Sisters fill most admirably the office which they have nobly chosen. A sisterhood of this character is, we believe, new in this country, but it resembles that of the well-known Lutheran Kaiserswerth Hospital and that of the Protestant Deaconesses in Paris.

The wards of the Hospital, situated in the wings, connect by doors with the chapel in the centre. One peculiar feature in the construction of the building is a corridor, in each story, which runs from the extremity of one wing to that of the opposite, between the wards on one side and the outer wall on the other. These corridors command a fine view of the Central Park, and afford a fine promenade for invalids in inclement weather.

St. Luke's is capable of accommodating two hundred patients. The medical and surgical staff has recently been filled, and consists of the following gentlemen: *Attending Physicians*—Drs. Alonzo Clark, C. F. Heywood, T. G. Thomas and W. H. Draper; *Attending Surgeons*—Drs. Gordon Buck, Geo. A. Peters and F. J. Bumstead; *Pathological Chemist*—Dr. John C. Dalton, Jr.; *Consulting Physicians*—Drs. Ed. Delafield, Geo. P. Cammann, Benj. Ogden and J. T. Metcalfe; *Consulting Surgeons*—Drs. Willard Parker, John Watson, A. C. Post and D. L. Eigenbrodt.

We notice in this list the names of several gentlemen, who, in past years, have filled the post of House Officers in the Massachusetts General Hospital; viz., Drs. Dalton, Heywood and Bumstead.

Although this new Hospital has been founded chiefly by Episcopalians, yet it is not confined to patients of any one denomination, nor has any partisanship been shown in the selection of its officers. It is the desire of its founders to place no obstacle in the way of its taking the first rank among the charitable and scientific institutions of this country. They have shown a freedom from sectarianism and a zeal for the advancement of medical knowledge, in their endowment of St. Luke's, which, added to their liberal philanthropy, is an honor to them and their city.

 HYPOPHOSPHITES OF LIME AND SODA.

MESSRS. EDITORS,—Will you kindly allow me to inform the profession in the United States, through the medium of your excellent JOURNAL, that I am totally unconnected with the manufacture and sale of the Hypophosphites, both in Europe and in America. I do not recommend the salts prepared by any one person more than another, and have never derived, or attempted to derive, any pecuniary benefit whatever from my discovery. All reports to the contrary are pure fabrications, spread by interested or malevolent persons.

I remain your obedient servant,

J. F. CHURCHILL, M.D.

No. 17 Boulevard de la Madeleine, Paris, March 2, 1859.

WE are requested to state that Dr. Salter receives the names of those who wish to become members of the "New" Sydenham Society, and, as soon as a prospectus is received, will communicate full information as to terms of subscription, &c.

THE mail steamer of the 20th inst. will take to the Atlantic States, Signore Fredrico Craveri, of Bra, Piedmont, brother to the naturalist, himself a mineralogist of no mean reputation, and of the most unmitigated industry and extensive acquirements and ability, in that and the associate science—chemistry. He carries, besides the best wishes of those who have had the pleasure of his acquaintance for the one hundred days he has spent in this State, a rich and nearly complete collection of our minerals, and correct notions of our vast mineral wealth.

We commend him to the learned of the Atlantic States, as a thorough scholar and amiable gentleman. He has visited most portions of Mexico, every important mining locality in this State and on Frazer River, and is well posted in the mineralogy and geology of the Pacific Coast.—*Pacific Med. and Surg. Journal*, February, 1859.

Kentucky School of Medicine.—This Institution closed its last session by the usual Commencement exercises, on the 26th of February. We understand that it had a matriculation list of 103, and a graduating class of 28; besides conferring the *Honorarium* on two gentlemen, and admitting two others to the *Ad-eundem*. The University of this city closed its session on the 28th, and whilst we were not informed as to the exact number of its graduates, we believe it was something over 30.—*Louisville Medical Gazette*.

Caustic in the Treatment of Cancer.—A caustic frequently used by Velpeau is the chlorure of zinc, 50 parts of which, added to 100 of flour, are made into a paste with a sufficient quantity of water and mucilage. It can then be rolled out to whatever thickness may be required, cut into the proper shape, and applied to the tumor, the epidermis having been previously removed by a blister. This is one of the caustics which cause the greatest amount of pain; nevertheless, Velpeau prefers its use when the base of the tumor is very thick and far spreading, and where the cancerous tumor is very extensive. The eschar comes away at from the fifteenth to the twentieth day, and the wound heals with great rapidity.—*London Lancet*.

Improved Stethoscope.—Mr. WALTER BRYANT, of London, has made a recent improvement in the mechanism of the stethoscope. It consists of a movable extremity, or body piece, made of gutta percha, or vulcanized India-rubber, and so constructed as to fit into the tube of any ordinary stethoscope. The axis of the tube of this piece is placed at an acute angle to the edge, which is applied to the patient's body. With this instrument, while standing on the left side of the patient's bed, we can examine the right side of the patient's chest; or we can examine the axilla or back of a patient who is unable to rise.

Health of the City.—The mortality for the past week was low, there having been ten deaths less than the preceding week. There were 4 deaths from pneumonia, and 3 from scarlatina. The number of deaths for the corresponding week of 1858 was 68, of which 11 were from consumption, 9 from pneumonia, and 5 from scarlatina.

Books and Pamphlets Received.—On Poisons in Relation to Medical Jurisprudence and Medicine. By Alfr'd Swaine Taylor, M.D., F.R.S., &c. (From the Publishers.) Reports of the Trustees and Superintendent of the Butler Hospital for the Insane.—Report of the City Registrar of the Births, Marriages and Deaths in the City of Boston, for 1858.—Valedictory Address to the Graduates of the University of Virginia. By Henry H. Smith, M.D., &c.—Fourth Annual Report of the City Registrar of Providence, R. I.

MARRIED,—At Oxford, Ohio, Dr. Henry T. Davis, of Richmond, Ind., to Miss Jane G. McDonald, of O.

DIED,—At the McLean Asylum, Somerville, 27th inst., F. A. Noyes, M.D., 36.

Deaths in Boston for the week ending Saturday noon, March 26th, 57. Males, 31—Females, 26.—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—consumption, 11—convulsions, 1—croup, 1—dropsy in the head, 6—drowned, 1—debility, 1—diabetes, 1—scarlet fever, 3—homicide, 1—disease of the heart, 2—inflammation of the lungs, 4—congestion of the lungs, 2—disease of the liver, 1—marasmus, 2—old age, 4—palsy, 1—rheumatism, 3—scrofula, 1—teething, 4—unknown, 1.

Under 5 years, 20—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 7—above 60 years, 9. Born in the United States, 41—Ireland, 14—other places, 2.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX.

THURSDAY, APRIL 7, 1859.

No. 10.

HOMŒOPATHY BEFORE THE "TRIBUNAL CIVIL DE LA SEINE,"
PARIS.

[Translated from the published Reports of the Trial, for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It is quite well known to the medical profession in this country that, during the latter part of the year 1858, twenty homœopathic practitioners, at the head of which body stood Messrs. Petroz, Simon and Chargé, commenced a suit of "libel" against Doctors Latour and Gallard, of Paris—the first, chief editor of the *Union Médicale*, the latter the author of an article which was published in that journal, in which the followers of the homœopathic school were denounced as *charlatans, pretenders and impostors*. The damages sued for were 50,000 francs, because a whole scientific body had been attacked. The verdict was in favor of the defendants, after a deliberation of the Court of a very short time.

I have followed the whole proceedings as they were published from time to time, and thought the readers of your valuable JOURNAL might feel interested in some extracts from them, as this signal defeat of Homœopathy, before the chief tribunal of France, and in the medical metropolis of the world, cannot be without its influence and consequences upon the pretensions of that school of medicine in Europe, and, we hope also, here in America. It is a victory of true science over charlatanism. Taking a neutral position, I will cite extracts from the arguments of both counsels, and let your readers judge for themselves.

The Homœopaths were represented by the well-known lawyer, Emile Olivier, whilst Drs. Latour and Gallard were defended by M. Andral, a son of the celebrated *savant* of that name. M. Olivier opened the proceedings by reading two extracts from the libellous article in question. They are, literally, these :

"Everything that can be said against the fundamental principles of Homœopathy, has already been said and confirmed by the highest authorities without hesitation. It is not our intention to renew this controversy, since the question has long ago been settled.

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However, when we consider how the method of Hahnemann has changed since its first appearance, and how it now presents itself before the public, it is difficult for us to comprehend how well-educated physicians can still practise it in good faith. This is the only reason why we wish to have nothing to do with the *fancies* of Homœopathy, but only with the course adopted by them in practice."

The second extract reads: "Homœopathy is neither a science nor a body of principles. It is nothing else than a *trade*, which is detrimental to humanity and science; and if there has ever been a time when Homœopathy could be practised without the practitioner being a *contemptible ignoramus, a despicable juggler, or a miserable charlatan*, it is certainly no longer our own time."

These are hard terms, and M. Olivier endeavored to prove, at length, how little Homœopathy and its advocates deserved such insults as were heaped upon them in the editorial article. Let us follow him in his defence of Homœopathy. He first speaks of Hahnemann, and gives a sketch of his life. The son of a poor porcelain-painter at Meissen, he found it difficult to make his way in the world. While a student of medicine at Leipzig, he gained a livelihood by translating for others. Having found a home in Paris, fortune favored him more, and in the course of eight years he obtained a considerable practice. There happened to him, what happens to so many authorities of medical science—he became convinced that he was groping in the dark with his art; that the whole method by which he wished to assist suffering humanity was good for nothing. But it must not be supposed that this was a consequence of a want of knowledge, for exactly the same phenomena had shown themselves among the best educated physicians. Sydenham, the English Hippocrates, said, in his last years, "*Ars garrulandi potius quam sanandi.*" Boerhaave ordered in his will that his whole library should be burned, except one volume, which contained the whole "Art of Healing." When, after his death, the book in question was anxiously opened, it contained nothing but blank leaves, and only on the first page were found these words: "Bowels open, head cold and feet warm, and physicians will get poor." Broussais said, "Medicine is more injurious than useful to man." Bichât finally declared "the art of healing repugnant and unworthy of a thinking man." "All these celebrated doctors," continued M. Olivier, "had recognized the fallacies of their science and of their system of cure; yet they had not the courage publicly to acknowledge their error, to discontinue a calling which, according to their own conviction, did more harm than good. Not so with Hahnemann. Once convinced of his error, he, a poor man, with a wife and eight children, relinquished his practice, in order not to be the executioner of his fellow men. He supported himself by literary labor. Then happened divers cases of sickness in his family; he pondered over them—he studied everything in relation

to them that could be found in medical literature. An opinion of Haller, who says, 'In order to know the effect of every drug in disease, it must first be tried on the healthy body,' led him first to his new method. He (Hahnemann) made first experiments with cinchona bark, and brought an intermittent fever upon himself. Patiently he continued his studies, and was constantly sick for several years. Thus he experimented on himself with sixty-seven different drugs before he published his famous book, the 'Organon.' Hahnemann says: 'The nature or cause of the disease escapes us, without becoming tangible to us; hence the art of healing must base itself upon the examination of symptoms, upon that which is external and visible, and when the symptoms have been examined, then drugs must be sought for which cause the symptoms to disappear. We must not be influenced by the first cause of a disease, but must pay attention to its accidental cause. Herein consists the whole art of curing disease.' This is Hahnemann's method. His whole system is built upon the previously mentioned sentence, viz., 'In order to know the action of a drug in any given case of disease, we must first know what drug can bring about a similar disease in a healthy body.' Dr. Gallard (the defendant) thinks he can prove the invalidity of this sentence, or law of Hahnemann, because it is based only upon one, and that a fallacious experiment; he (the defendant) lets loose his wit over the law 'similia similibus' and the 'infinitesimal dose.'" M. Olivier stated further, that Hahnemann originally experimented only with large doses, and gradually arrived at his infinitesimal doses. "Had he been a fancy-monger, a fanatic—as he is accused of having been—he would perhaps have declared that these small doses are absolutely essential; whereas, he willingly acknowledges that there are many cases of sickness in which allopathic remedies must necessarily be employed in order to effect a cure." The speaker closes with these words: "Let Dr. Gallard study Hahnemann, let him experiment, and who knows (it would be the only punishment which I would sentence him to, had I the power) whether he would not, at some future day, say to his teachers and professional brothers, whose sufferings he has so warmly taken to heart, 'Oh my masters, my brothers, it is not you whom one ought to criticize, to attack and to destroy!'"

I have omitted nothing essential from the plea of M. Olivier in behalf of his clients. I have no doubt his arguments and logic will as little succeed in convincing the readers of this JOURNAL, or any reasoning man, of the validity of the tenets of Homœopathy, as they did in convincing the judges of the *Tribunal de la Seine*, or even in prepossessing them in favor of his clients.

M. Olivier was followed by M. Andral, the counsel for the defendants. He first of all seeks to justify his clients for using the bold and severe expressions against the Homœopathists, in the libellous article. He defends them with the very words of one of

the complainants, Dr. Chargé, who, in one of his published essays, remarks: "Homœopathy is either a truth or falsehood. Homœopathy is either a mysticism or an infallible principle. In the first case, we could not be too eager to rid the world of it, by opening the eyes of the credulous, and removing the mask from the face of impostors." "It is just this very thing which Dr. Gallard has endeavored to do," continues M. Andral. "If this tribunal, is competent to take cognizance of this action, it can only examine and judge of the good or bad intention of the author. If his intention was malicious, let him be punished. If it was honest, then the question is one of opinion; thus much has been acknowledged, however reluctantly, by the counsel for complainants. He has also questioned the honest intention of Dr. Gallard." M. Andral now proceeds to justify his client, by exposing the tenets and practice of Homœopathy. Homœopathy, says M. Andral, makes use of the language of pretension in the presence of the uninitiated, which often imposes upon the most intelligent persons, but this language loses its value when the point in question is carefully examined. M. Escolia, one of the complainants, himself declares that Homœopathy, which could make no progress among physicians, has made itself at home in the household. "The opinion of Hahnemann, that cinchona produces fever, is false, as all scientific bodies of Europe and America have declared, with the sole exception of the 'University of Pennsylvania.'*" To this Philadelphia School the complainants refer as their sole authority. We have only to bear in mind that cinchona wine and tincture do not even produce fever in the most delicate female constitution. The contrary assertion, by no means proved, but sufficiently disproved, is Hahnemann's beginning and end, his Alpha and Omega. From thence he derives his famous rule, *similia similibus*, which is contrary to everything that science or experience has brought to light during centuries.

"It was natural that such a system, hardly sufficiently established, should make the patient worse instead of curing him. This, in order to do no harm, led Hahnemann to his infinitesimal doses. He discovered that the principle of disease is immaterial, therefore he uses an immaterial means of cure, immaterial, in truth, as nonentity. Thus Homœopathic practitioners (unless they fall back upon the remedies of the regular school) can never be accused, justly, of having injured the patient by giving too strong a dose, for 'nothing' can neither benefit nor injure." The learned counsel next described the manner in which Homœopathic remedies are prepared,

* We suppose M. Andral refers to the "Pennsylvania Homœopathic Medical College" at Philadelphia, which is the only institution where the tenets of Hahnemann are still taught, either in America or Europe; for the assertion of many young Homœopathic doctors, and some older ones, too, that they have studied Homœopathy in Europe, and particularly in Germany, and even received a degree there, is a falsehood, inasmuch as there is no medical school or university in Europe, and especially none in Germany, where, after a fair trial, the tenets of Hahnemann have not been repudiated and pronounced as untenable, unscientific and injurious; and consequently no lectures on Homœopathy are delivered, and, still less, degrees conferred on Homœopathic doctors.

after the rules laid down by Hahnemann. It is unnecessary to repeat here, minutely, this process, which M. Andral explained at some length, to the great amusement of the court. The curious reader is particularly referred to the extract from Dr. Simpson's work on Homœopathy, in the last volume of *Braithwaite's Retrospect*, or to Dr. Simpson's work itself. M. Andral continues: "‘Cinchona,’ says Hahnemann, ‘is one of the most powerful remedies. I find that the quadrillionth part (sic!) (1,000,000,000,000,000) of a grain is often too strong a dose. It is far better to use small globules, of the size of a poppy-seed. These, immersed in the respective dilution, form a dose which is about $\frac{1}{300}$ part of a drop (that is, $\frac{1}{300}$ part of a quarter of a millionth part of a grain!). If the patient is very susceptible, then it is sufficient to let him *smell once* of a flask, in which there has been placed a sugar globule of the size of a mustard-seed, immersed in the curative, diluted fluid.’ (*Organon*, p. 323. *Traité des Maladies Chroniques*, p. 203.) Is it an ignoramus, a fancy-monger, or a charlatan who has written these words? All I can say is, that this passage is not borrowed from a chapter of the writings of Aristotle, but from the *Organon*, the book, according to Hahnemann, ‘*which was written under inspiration of the Supreme Being.*’ But not only does he offer powerful drugs in these doses, but also the most inert substances, viz., lycopodium, or vegetable sulphur, that yellow powder which is put into pill-boxes by our apothecaries, in order to prevent the pills from sticking together. ‘Lycopodium cannot be used in billionth dilutions, because it is too powerful; it must be given’ (this powder of apothecaries) ‘in the octillionth or decillionth dilution.’ The decillionth part of a millionth part of a grain!! And this dose produces the most wonderful effects. He who has partaken of it can argue, according to rules, on metaphysical and abstract subjects; but he will be puzzled if common things, every-day affairs are discussed. He will say, for example, ‘peaches’ where he ought to say ‘pears.’ A woman was afraid to be left alone; aberration of mind and madness, which manifest themselves by jealousy, complaints, pretensions and a quarrelsome character, followed in twelve days after taking the same remedy. (P. 889.) ‘If you take the same dose of *charcoal* you will feel a desire, after fourteen days (not before), to pull the nose of every passer-by.’ But I stop; I have said enough,” exclaims M. Andral. “No one will in future maintain that we have calumniated the Homœopaths, or caricatured them, if that were possible. We have only quoted the prophet, word for word.

“The efficacy of fluid medicines Hahnemann pretends to develop by a process of shaking. He has invented for it the strange name ‘*potention.*’ The manner and length of time the drug is to be shaken gives it a secret power, which unites with the power which has already been created and developed by dilutions. What power? Well, the power of *nothing!* The most careful chemical

examinations have found no active substance in these dilutions; the Homœopathsists themselves grant that, beyond the fifth dilution, no trace of the drug is to be found. To what purpose serve these remedies, which the mind cannot comprehend and chemistry is unable to analyze? Well, in medicine, as in politics, or in anything else, the mass of the people is imposed upon, deceived and ruled over by those who despise man enough to cheat him systematically. And still these sugar globules, these fabulous dilutions, work wonders! According to our opinion, medicine is an art which often cures—oftener relieves—but always consoles. Hahnemann held other opinions; ‘the patient must be cured,’ says he, ‘to relieve him is nothing at all.’ ‘I do not alleviate the sufferings of my patients, I destroy every vestige of disease!’ Thus speaks a man who, with his globules, brings about an immediate cure in melancholy, in too great an inclination to laughter, in the sorrow of love! &c.

“In France, many experiments have been made with these Homœopathic globules. Nobody ascribes to them any effect. I mention here only the well-authenticated case of a physician who swallowed 150 aconite globules, and who, in spite of the repeated assurances of a Homœopathist that it would be the infallible cause of his death, did not experience the least effect from the dose. Trousseau experimented again and again, with his pupils, constantly without result. Dr. Gama has offered himself to be experimented upon by Homœopathic physicians, promised to follow their orders promptly, and, lastly, to give to the poor 500 francs, if they should succeed in bringing about in him the least attack of fever. The offer was refused, under insignificant excuses and objections. Whenever Homœopathic practitioners have made experiments in the presence of regular physicians, the experiments failed; it is only when they operate alone with their patients, they accomplish the most astonishing results. I will not, however, maintain that Homœopathists never accomplish a cure. They cure acute diseases, because they leave them to the care of the best and most successful physician—Nature; they cure nervous diseases, because they work upon the imagination. Does not the Homœopathist Gripelich himself confess that he has often accomplished cures with clear water, by the mere power of faith? This is an important fact. Finally, it is too well known that Homœopathists very often make use of the remedies of the regular school, and especially in those cases where they really bring about a cure. I present to you here, as evidence, a number of prescriptions of Dr. Love, one of the complainants, which consist of allopathic remedies in large doses. How does it happen that this man subscribes to the complaint which would condemn the whole regular practice of medicine?

“In regard to the remarkable results of Homœopathy, I have to make a few remarks. In 1855, Dr. Chargé, one of the complainants, boasted of his successful treatment of cholera. Of 80 cholera

patients whom he treated homœopathically, he pretended not to have lost a single one. When, in 1856, cholera broke out at Marseilles, the Mayor of that city called on Dr. Chargé and delivered up to him one of the wards of the Hotel Dieu of Marseilles, where everything was arranged according to his desire. Dr. Chargé, who had boasted of never having lost a single cholera patient, lost, in eight days, 21 patients out of 26; whilst the regular physician in the adjoining ward, during the same time, only lost 14 out of 25 patients. I present here to the court the necessary authenticated documents in regard to this fact. Dr. Chargé is one of those who complain of having been libelled. *Ab uno disce omnes.*" As to the opinion of scientific bodies, M. Andral declares, that "the French Academy of Medicine, composed of the most distinguished scientific men, had discussed the subject of Homœopathy in three sessions as early as 1835, and unanimously declared the system as false, full of contradictions, and in the highest degree dangerous."

The advocate proceeds next to prove that "the honest endeavor of medical science has always been directed toward the truth; no other department of science receives so joyfully, so eagerly, every new discovery, like a new conquest, by the assistance of which this or that patient may be rescued from death. Nowhere do we see that medicine is opposed to rational progress." He mentions a great number of such progressive steps in the right direction, and then continues: "Why should Homœopathy alone be repudiated? Among our doctors—even our opponents grant thus much—are to be found honest men, who would be unwilling to poison the whole human race merely for science's sake! Or is there, perhaps, some interest which chains them to their old principles? When we daily see how individuals without name, without title, without any position whatever in science, without education, acquire a very remunerative, though not a very desirable, notoriety by hoisting the standard of Homœopathy, what position could not the masters of science have reached if they had placed themselves at the head of the movement, at the head of the reform! The care for their fame, the interest of their art, would have induced them to do so, had they discovered truth in Homœopathy. But this was not the case; on the contrary, they recognized it as a mixture of errors, and their honor demanded of them to keep aloof from it. But why should I refer only to the savans, who, as our opponents maintain, are prejudiced, and unable once for all to raise themselves above their notions and prejudices; let us take unprejudiced youth, let us see how our young men act. Our schools, our lecture rooms are crowded with young men, thirsting for knowledge. The instinct of their years, the desire of acquiring a name, the necessity of working out for themselves a brilliant sphere of action, drive them all toward everything that is new; yet how many do we actually see marching into the camp of our opponents? The young and brilliant societies, in which there reigns by no means too great a

respect and veneration for what is past and antiquated, are more eager in their condemnation of Homœopathy than the Academy itself." For support of this assertion, M. Andral read a great number of letters and addresses of young medical societies from all parts of France, in which, one and all, the opinions of Dr. Gallard, the accused, are sustained. "And to conclude," says Andral, "my client is either right or wrong; we have nothing to do with the cause, but whether he acted in good faith, and this is the important question. If all the doctors and learned societies are mistaken, which this tribunal will hardly presume, then Dr. Gallard's guilt consists only in having shared their errors. If the most celebrated savans of the empire, the professors of all universities, have ruined the mind and heart and conscience of my client, and have filled him with antiquated notions—if Hahnemann *alone tells the truth, and is alone truth itself*, and the complainants are his true prophets, then this tribunal will pardon my client, since he has only followed his masters and teachers, and has repeated their teachings. At all events, the complaint is to be returned. None of the complainants is personally attacked, they are the very men who recognized themselves in the words 'charlatans, fancy-mongers,' &c., and they all exclaimed, '*Me, me, adsum.*' The article in question is nothing except an honest and well-intentioned scientific discussion. I place my clients under the protection of Pascal's beautiful saying, which my opponents have also quoted, and which I nevertheless make use of without hesitation: 'If it is wicked to have no respect for truth, it is just as wicked to have no contempt for falsehood.'"

So much in regard to the proceedings of this trial, certainly not unimportant in regard to its consequences. The verdict, as I have already stated in the beginning of this article, was given, after a very short deliberation, in favor of the defendants. R.

Boston, March 25, 1859.

FŒTAL MALFORMATION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The rarity of the following case has induced me to report it for publication.

On February 20th, I was called to see a recently-born child, whose condition the midwife and friends could not satisfactorily make out. This was the third child, and nothing unusual had happened during gestation or parturition. The labor was perfectly natural. The other two children were symmetrically formed. Upon inspection of the child, its superior and inferior extremities were found natural; its abdomen presented the following conditions:—at the umbilicus, to the right of the median line, was a large semicircular opening, about three inches in length and two

and a half in breadth, extending equidistantly above and below the umbilical cord. Through this opening issued all the small intestines, with the exception of a very small portion, and most of the colon. The contiguous surfaces of the intestines, when they passed through the orifice, were closely adherent, and the outer part of the mass was so, likewise, to the integument, for about one inch. The umbilical cord was in no way adherent to the intestinal mass.

The protruding intestines were of a dark-red color and perfectly motionless, and there had been no perceptible movements in them since birth. The child took food for nearly a day, when it began to vomit, and refused further nourishment; the vomiting continued until its death, which occurred about sixty hours after birth. No dejection had taken place from the bowels, as might readily be inferred from the absence of the peristaltic movement.

Ten or twelve hours after death, Dr. Thomas, my partner, and myself, being incidentally present, were, at our request, permitted to make an inspection of the body. The thoracic, abdominal and pelvic viscera were examined, but no additional abnormalities were discovered, except that the rectum was unusually small.

Pleasant Hill, Ill., March, 1859.

T. W. SHASTID.

DETECTION OF PREGNANCY BY ERGOT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I do not recollect of ever having seen the use of ergot recommended for the purpose of detecting pregnancy in its earlier stages. For many years, I have been in the habit of administering small doses of this drug for this purpose, and in my hands it has seldom failed of furnishing the evidence sought. The specific action of the medicine is not felt by an unimpregnated womb, while the gravid uterus, I believe, almost invariably responds to its action by some uneasiness in the back, but more particularly by pain in the upper part of the thighs, sufficiently to enable you to diagnose the case with great certainty. I have in many doubtful cases trusted to this test, and have very seldom been disappointed in my diagnosis. I will only add that the ergot can be given with entire safety in sufficient quantity to accomplish the object sought. If the use of the secale for this purpose is new to the profession, as I believe it is, and you consider these remarks worthy a place in your JOURNAL, you will please insert them, and oblige

Your ob't serv't,

W. W. C.

Middleboro', March 29, 1859.

ON THE SPECULUM VAGINÆ.

BY JOHN P. METTAUER, M.D., LL.D., OF VIRGINIA.

THE employment of this instrument, of late years, in the exploration and treatment of uterine affections, has become almost as common as the stethoscope and percussion in the diseases of the thoracic organs. Even inexperienced practitioners, who have barely laid aside the swathings of their pupilage, presume to employ it, and speak authoritatively of the mode of applying it, as well as of the diseases demanding its use. They seem to regard the operation as a thing of little importance, as far as female delicacy is concerned, and to believe that poor woman should submit to it, even if a disease of the uterus is only suspected to exist, that might possibly render the speculum necessary hereafter.

Every enlightened and humane physician will concede that a necessity will sometimes arise for the employment of the speculum, as well as other modes of exploration, repulsive to female delicacy. In such cases a sacrifice of delicacy becomes a duty, and sensible women unhesitatingly submit to its wise and sacred behests.

The writer has undertaken this communication for the purpose of showing that the speculum, in the investigation and treatment of uterine diseases, has been needlessly employed, and its value, as a means of diagnosis, greatly abused. That the instrument is entirely unnecessary in a large majority of uterine diseases, the writer's experience abundantly testifies. His experience with the speculum, too, has long since satisfied him that the evidence furnished by it is often unsatisfactory, and not to be relied on; nay, in some instances, it is actually deceptive, by reason of the changes caused in the state of the os and cervix uteri, by the pressure of the instrument on them. It has frequently been the case, in the hands of the writer, that the pressure of the speculum has so changed the color and presenting surface of those parts, as actually to defeat the objects of the examination; and such will often be the case in engorgement of the uterus, and when there is malposition of it from retro or antiversion. Generally, in determining as to the existence or non-existence of induration, engorgement, the deviations of position, internal ulceration, and, very frequently, of ulceration of the os itself, no matter how carefully and skilfully used, it affords little if any information of a reliable and useful nature. Even when the three or four bladed instrument is employed, the operation and results will be obnoxious to these objections in a great degree, and they are the only reliable forms of vagino-uterine speculums in displaying the parts to be examined, and are also more readily and easily introduced; yet, little difficulty will be encountered in the use of any of the speculums now in use, even with a mere novice, who has carefully studied and learned the form, course and depth of the vagina, the highly wrought and

fanciful account of such difficulties, published in the *Monthly Stethoscope and Medical Reporter*, No. 2, Vol. II., for 1857, to the contrary notwithstanding.

It is not pretended that the speculum is useless, or absolutely unnecessary in vaginal and uterine diseases. Far otherwise—as the writer has employed it in those diseases, in some instances, with the best results. It is to the officious and indiscriminate use of it that he objects, and to the exclusion and neglect of the more reliable and delicate mode of examination by the “toucher.”

The speculum has not found general favor in France, although much employed in that country. At the head of its opponents there, the name of the distinguished Velpeau stands conspicuous; and it is matter of gratulation to the writer to find his views supported by such high authority; yet he entertained these views and carried them out in practice years before he was aware that Velpeau had expressed similar opinions and objections.

It is probable that the physicians of this country and France more generally and indiscriminately employ the speculum than any others in the civilized world; and it is probable, also, that the taste for using it is due, in a degree, if not wholly, to the cliniques, as well as to the hospital practice connected with the medical schools of those countries, where female delicacy and exposure are regarded with little concern, as the subjects of the use of the speculum are derived from the most degraded classes of society, with whom modesty is only known by name. In many instances, the writer has met with women laboring under organic diseases of the uterus, who declared to him that they would sooner take their chance to live or die with the disease, than submit to the use of the speculum; and all are more or less opposed to it, even those who finally submit to its employment. Really, it is not to be wondered at, that a modest, delicate woman should feel unwilling to submit her person to such a revolting exposure; and the writer candidly owns that he has never yet applied the speculum, or even examined by the toucher, without being more or less abashed and disconcerted, by reason of the exposure the operation necessarily imposes on females. Even the ordinary modes of investigation by question and answer, often greatly shock a modest female, and in a degree, in some instances, embarrass the diagnosis of her diseases.

When organic disease of the uterus exists, and the rational symptoms fail in furnishing the requisite amount of information necessary to form a satisfactory diagnosis, nearly every intelligent woman will consent to a physical examination, if made sensible of the necessity for it, especially if the proposition to do so is delicately presented; and such being the case, it is the duty of the physician, as far as is consistent with safety, to save his female patients all needless shock of feeling from delicate questions or personal exposure.

Entertaining such views of this delicate subject, the writer, some ten years since, directed his attention to the investigation of organic diseases of the uterus, guided by the toucher, chiefly; and, after repeated trials, affording ample experience, he unhesitatingly states that the information it furnishes is far more reliable and satisfactory than that derived from any form of speculum, in determining as to the existence and nature of such diseases. In numerous instances, during the time above stated, he has tested the correctness of his diagnosis in uterine diseases, guided by the taxis. Most of the examples presented ulceration of the os, but in many cases the cervix was also implicated more or less extensively. Ten of them exhibited the os patulous, exceeding in size a Spanish dollar, and deeply ulcerated, the cervix indurated considerably beyond the interior boundary of the corresponding border of the ulcer, and the general health greatly impaired.

After carefully examining into the condition of the os and cervix uteri by the toucher, he was enabled to detect ulceration with great certainty, as well as induration, engorgement, and all of the deviations of position.

An ulcerated os uteri presents to the experienced touch the same feel as an ulcer on the exterior of the body; and an accompanying induration of the surrounding parts is a very common attendant of such ulceration, as it is also of many external ulcers. Induration of the cervix, however, is decidedly more apt to accompany intra-cervical ulceration; and as it is uniformly met with in such ulceration of the cervix, clearly ascertained to exist, as well as frequently in ulceration of the os likewise, it may safely be inferred that it represents ulceration in all those cases in which the cervix is inaccessible to the touch, when indurated, without ulceration of the os.

In deciding as to the existence of induration of the os or cervix uteri, the speculum is absolutely useless. Even in ulceration, the information it imparts is unsatisfactory and unreliable. In engorgement and inflammation, it furnishes no information that is not derivable from the toucher, elucidative of those conditions, and is far more offensive to the feelings of a delicate woman than the investigation by the taxis.

The discharge, said to be characteristic of, and peculiar to ulceration of the os and cervix, is not by any means constant in appearance, nor does it furnish conclusive evidence in all cases that ulceration does exist when met with. If present, and just issuing from the os uteri, either in its semi-fluid or ropy condition, the speculum, if then applied, would only prove that the morbid secretion unequivocally proceeded from the os uteri. The discharge of this diseased product externally, however, affords as satisfactory evidence of the existence of ulceration of the os uteri, as if actually seen escaping from the uterine cavity, because its characters are sufficiently marked to remove all doubts of its identity.

Although furnishing pretty satisfactory evidence of the existence of organic diseases of the uterus, of itself, the revelations of the toucher should invariably be taken in connection with the other symptoms usually met with in such diseases, in forming a diagnosis. The ulcerated os and cervix, when accessible to the touch; the induration; the peculiar discharge; pelvic and dorsal pains; inability to stand at a long time; frequently, abdominal pains; disordered digestion; nervousness; depression of spirits, and the peculiar desponding expression of countenance termed "*facies uterine*," when taken together, leave little room to doubt as to the existence of ulceration of the os and cervix uteri.

The speculum will be demanded in those cases in which the os uteri cannot be reached by the finger, as then no other reliable plan could be adopted for exploring and treating such examples. Fortunately, these latter instances are rarely to be met with, as the writer has only witnessed two out of over a hundred cases treated by him in ten years. It will also be required in scirrhus uteri, when the indurated cervix is to be excised; and when adhesions between the os or cervix and vagina exist. And it will be indispensable in cauterizing the uterus with the incandescent iron, and in leeching or scarifying the organ.

For the purpose of cauterizing the os and cervix, the writer employs the nitrate of silver, and the acid nitrate of mercury, conveyed to the parts, concealed by a canula directed by the index finger of the right hand; and the operation should be repeated once in three or four days, or after longer intervals, if the previous operation is followed by prolonged bleeding, until the cure is perfected. The nitrate of silver is best adapted to the mild or slight examples of ulceration; while the acid nitrate of mercury should be used when the ulcers are deep and extensive, and especially if the cervix is decidedly implicated. It is best, however, to begin the treatment with the nitrate of silver; and if amelioration seems tardy, then to employ the acid nitrate of mercury in alternation with the caustic silver.

The position most convenient to the operator for examination, as well as for the application of remedies, is on the left side, with the thighs flexed on the trunk, and the legs on the thighs. The person should invariably be covered, and the nates placed near the border of a bed. In this posture, the parts can generally be reached and examined with the index finger of the right hand with entire convenience; and it is also best for the application of the speculum, as well as the cauterizing agents employed through it.

The first trials, in the use of the caustic, upon the plan advocated in this paper, will, in all probability, be attended with some difficulty; but gentle efforts, repeated again and again deliberately, will soon impart the requisite dexterity of manipulation to insure success; and, after learning how to apply the remedy, the

ease with which it can be done will astonish both patient and physician.

A crayon formed of the nitrate of silver, or the stick itself may be used, applied as already intimated; and, for the application of the acid nitrate of mercury, a short, full camel's-hair brush, or mop, saturated with the undiluted solution, answers best. The canula should be fully ten inches in length, of proper calibre to contain the crayon, or mop, and open at both ends, so as to allow the handle of the crayon to project sufficiently beyond the free, or outer extremity, so as to be held and wielded by the operator's left hand; and it may be formed of silver or glass—the latter material the writer employs, and decidedly prefers.

To guard against vaginal irritation, from accidental diffusion of either of the caustics over its surface, after being applied to the uterus, a weak solution of common salt should be invariably injected into the vagina immediately after any cauterization—using for the purpose a female glass syringe—taking care at the same time that this saline solution is effectually applied to the upper portion of the passage immediately around the cervix uteri. After this the vagina may be abluted daily with simple water, or mucilaginous infusions, such as slippery elm or flax-seed teas, applied tepid or cool, as may be preferred by females. The saline wash may also be used tepid or cool, according to the fancy of different patients.

The bowels should be kept in a soluble, easy condition, using for the purpose, when necessary, mild aperients, especially gentle aloetic preparations. When induration of the cervix exists, and if the habit is anæmic, the iodide of iron will be proper. If anæmia, without induration, is present, and more especially should there be nervous debility, and marked depression of spirits, frequently tending to deep despondency, the phosphate of iron will be indicated. It will sometimes be necessary to resort to vegetable tonics in these cases; and in many instances nothing answers better than good porter. The cold infusion of wild cherry bark (*prun. virgin.*) will very often supersede all other vegetable tonics; and the cases most likely to be benefited by it are those attended with undue nervousness, as well as debility. When the liver is torpid, and the bowels refuse to respond to the action of aperients, the nitro-muriatic acid mixture will be found signally beneficial. The diet should invariably be simple, and moderately nutritious.

It will greatly promote recovery, to require patients to remain in bed, or in a recumbent posture, during treatment; and, for months after recovery, every species of travelling will be hurtful. The utmost care should be taken to guard patients against exposure to variable temperature. Catarrhal disturbances invariably aggravate uterine diseases of every kind, and in none do they prove more hurtful than in ulceration and induration of the os and cervix.—*Virginia Medical Journal.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL
IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MARCH 14th.—*Cancer of the Bladder.* Specimen, shown by Dr. JACKSON, was received from Dr. Mack, with the following history of the case by Dr. Benjamin Cox, Jr., of Salem.

“Mr. —, æt. 50 years, died March 12, 1859. He was a shoemaker by trade, and for many years he had applied himself very closely to his business, often working from twelve to sixteen hours per day. He was about 5 feet 6 inches in height, well proportioned, and weighed 140 pounds. He was of a nervous temperament. He was strictly temperate, and in all his moral habits he was, I believe, correct. His health, previous to his last sickness, had been generally good. From his ancestors, both paternal and maternal, he inherited a sound constitution; for generations back they were remarkable for their longevity. His father was nearly 84 years old when he died; his mother, aged 82, is yet living.

About two years ago, Mr. — consulted me at my office, on account of an urinary affection. He said, that for eight years (and he could fix the time positively as far back as that, by a particular circumstance, which he recalled) he had been annoyed by frequent and irresistible calls to pass water. For several years this was the only symptom, but for nearly two years he had suffered considerable pain in the bladder when he made water, and especially so if he tried to retain it, even for a few moments, after the desire to evacuate it was experienced; and constantly he had an uneasy sensation there, and likewise, sometimes, smarting, cutting pains along the urethra, and in the glans penis. The quantity of urine in twenty-four hours was large, averaging two quarts; it was frequently bloody, the blood being often evacuated in clots, and sometimes it had an offensive odor.

“Besides these local symptoms, he complained of some constitutional disturbances, the principal of which were loss of energy and strength, occasional nausea and vomiting, and, every month or two, more or less, attacks of what he called bilious colic, and constipation. His general appearance at this time did not indicate any grave disease. The expression of his countenance was animated and natural; the skin healthy in color, in moisture, and in temperature; the tongue was clean; the appetite was usually good; the circulation was natural; he had not lost a pound of flesh. He was very much disturbed, and his sleep interrupted by the frequency of the calls to urinate; during the intervals, his sleep was quiet and refreshing.

“I introduced a sound into the bladder. The passage of the instrument then, and always afterward, occasioned very acute pain through the whole course of the urethra, but the most exquisitely painful part was through the prostate. The bladder was so contracted, as I then thought, that the sound could not be moved about at all, but its presence in the bladder did not cause any complaint of pain, either in that organ or the urethra; it was only while it was being introduced that the suffering was experienced. Only a few drops of blood followed the withdrawal of the instrument. Never did the employment of a catheter or sound occasion much bleeding but once. This was six or eight weeks before his death. Then, in consultation with Dr. Mack,

a catheter was introduced, and two or three ounces of tepid water were injected. This distension of the organ produced the most intense suffering for the few minutes the water was retained; it was voided nearly colorless, but it had a very offensive smell. He suffered extreme pain the next twelve hours, and, according to the report of his brother, who watched him, he lost that night about two quarts of blood. For the last year of his life, but more especially during the last four or five months, he discharged a great deal of blood, sometimes in a liquid form, but frequently in clots, with much effort and straining, and with great distress. I have often seen in the urinal two, three, and four ounces of coagulated blood, in separate clots, some of them so large that it seemed impossible they could have passed through the canal. He would bleed in this way, losing a pound of blood or more a day for several days in succession; then for four, five or six days the urine would be only slightly discolored.

"The quantity of urine continued to be large till within a few days before his death, certainly as much, upon an average, as two quarts daily.

"I had it analyzed many times, but as I have lost my record of the analyses I can only state, in general terms, that its specific gravity was only a little less than natural, I think usually about 1012; commonly it was acid, sometimes slightly alkaline, but not fixed, however. It always contained blood, albumen, pus, large quantities of mucus, an abundance of epithelial scales, casts of urinary tubes, and sometimes oxalate of lime.

"About a year ago, his general health began perceptibly to fail. He gradually became pale and emaciated; his gait in walking was slower and less elastic, so that any one noticing him as he passed along the street during the last summer, would at once perceive that he was an invalid. He continued to work at his trade till about the last of August, and he was not wholly confined to the house till near the close of the year. He failed rapidly the last three or four weeks, and suffered much till a week before death. The last three days he was in a drowsy, sleepy condition, without being at all comatose. When spoken to, or aroused, his mind was strong and clear.

"*Sectio Cadaveris*.—Body much emaciated.

"Brain not examined.

"Chest.—Lungs, *in situ*, perfectly healthy. No adhesions. A portion of the lower lobe of the left lung partially solidified; something like grey hepatization of it. This change took place a short time before death. Heart, and vessels connected with it, normal.

Abdomen.—Stomach, pancreas, spleen, liver, gall-bladder, intestines and mesenteric glands, all normal. The kidneys and bladder, you know their condition. The omentum adhered to the fundus of the bladder for a space of about half an inch, just over where the tumor within was rooted; you can now probably see the spot in the specimen."

The tumor, which projects into the cavity and from the fundus of the bladder, is perfectly defined, of a circular form, about four inches in diameter and two inches in elevation; the mucous membrane stopping abruptly around the base. It has a dead-white color, a fibrinous consistence, and considerable friability, so that it has been broken into in some places by handling. The external surface is rough, but the general form rounded. In structure it is uniform, nowhere at all vas-

cular, and showing nowhere any of the usual appearances of cancer. Under the microscope, Dr. Ellis has found no cancer cells, nor, indeed, any definite appearances. Not very far from the tumor is a white deposit in or beneath the mucous membrane, and about a line in diameter; and otherwise the bladder appears quite healthy, being neither fasciculated nor remarkable as to its size. Upon the peritoneal surface, corresponding to the tumor, there is no appearance of morbid deposit.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 7, 1859.

THE HEALTH OF LARGE CITIES.

THERE are many important questions affecting the health of large cities which should interest the public, as well as the medical profession and the recognized conservators of public health—such as Boards of Health, City Physicians, Special Committees appointed to examine hygienic questions, &c. &c. Many of these subjects we have previously brought forward, in the pages of the JOURNAL, with more or less particularity. Prominent amongst them is the always important subject of drainage—carelessness or half-way proceedings about which are not only short-sighted policy and poor economy, but downright unfaithfulness in duty and treachery to the common weal. Our own city has severely felt the evils of foul emanations in a certain quarter—we refer to the Charles Street nuisance of last summer—but we are happy to know that every effort is, in general, promptly made by our municipal authorities, not only to annul existing evils of this description, but—what is far better—to foresee and prevent their occurrence. As we have remarked, not long since, our community has every reason to be satisfied with, and to congratulate itself, indeed, upon the vigilance and care manifested by our City Physician in these and other matters appropriately entrusted to his supervision. As we grow in age, may we not only maintain, but even increase in, the virtues of cleanliness and wise sanitary provisions of every description.

In this connection, we may appropriately refer to an interesting summary—which we observe in the *Boston Evening Transcript* of March 25th, 1859—relative to the Life and Death Statistics of London. The proportions of births and deaths, in that immense emporium, are in much the same proportion as they are found to be elsewhere. There is usually an excess of male over female births everywhere; and which is a wise regulation of Providence, to meet that subsequent loss of males, by casualty and exposure, which is so constant a result of the circumstances of human life. Thus, we learn from the account above referred to, that, in 1858, there were eighty-eight thousand, six hundred and twenty registered births in London. Of these, forty-five thousand, two hundred and twenty were *boys*, and forty-three thousand, four hundred, *girls*. The proportions of deaths do not materially vary:—there were sixty-three thousand eight hundred and eighty-two deaths—males thirty-two thousand, five hundred and sixty-three; females, thirty-one thousand, three hundred and nine-

teen. There is thus a large increase of the population of London by the excess of births over deaths, alone. The additions by immigration are still larger, and tend to magnify more and more the numbers, power and consequence of the city. "The population thus increased by the number of births over deaths, 24,738. By the excess of immigration over emigration, 27,952 were added, making a total increase of 52,690, or about one thousand per week."

The ratio of the increase of population, as usual, exceeds that of the diminution by death. A very large number of deaths is recorded as having taken place in the charitable public institutions—and some surprise seems to have been expressed at this—at all events, the report suggests that the facts "demand inquiry." We should think that the "inquiry" could be promptly and satisfactorily answered. Who are the usual occupants of workhouses, lunatic asylums, hospitals and similar institutions? Notoriously, they are those, at least in great majority, who are worn out by antecedent hardships, privations and disease. They are thus likely—nay almost sure—to die in a large *comparative* ratio. What, therefore, at first, may strike the gatherers of statistics or the editors of daily papers as a large rate of mortality for the class above mentioned, does not so impress a medical man accustomed to weigh the influences alluded to; and need not so impress any judicious and reflecting layman.

The following selections are interesting—as having a bearing upon the question of the causation of death—for their reference, by comparison, to our own country:—

"A large portion of the mortality was caused by those active ministers of death whose ravages tell so fearfully on our New England population, viz., tuberculous diseases and diseases of the respiratory organs—11,908 deaths (exclusive of phthisis) occurring of the latter, and 10,127 of the former, of which 7,369, or about one twelfth of the whole mortality, were of consumption. The number of violent deaths was 1,916, of which 53 were homicides, 238 suicides, and 1,622 by accident or negligence. London certainly shows favorably in comparison with the 'metropolis' of the New World, in respect to homicides. Of the females, 430 died of diseases incidental to child-bearing—one mother to every 206 children born alive."

The importance of sanitary and hygienic provisions, as affecting the health of large communities, is rendered evident by the quotation we are about to present, and we may remark, in thus concluding this article, that it has ever been the pride of legitimate and honorable medicine—and of late years more so than ever—to insist upon and demonstrate the priceless advantages accruing to large cities from a faithful and constant attention to the measures of hygiene, or "preventive medicine." Besides the paragraphs especially relating to these points, we will append two short ones referring to the annual mortality from lightning in London and in England; and also the figures which give the former and present dimensions of the largest city on the globe.

"Comparing the mortality of London with that of an equal population in the most healthy districts of England, the excess of deaths in the city is found to be 17,894, or about 40 per cent. This large excess is classed in the report as 'unnatural,' or referrible to causes which sanitary measures have yet to remove or greatly mitigate; and therefore the report urges the suppression of cesspools, the purification of sewer air, the adoption of smoke-consuming methods of burning coal, ventilation of public buildings and private dwellings, thorough cleansing of the streets—in short, the cultivation of the art of preventing disease, by providing three indispensable things: pure air, pure water and a healthy soil. To

show the superiority of preventive over curative treatment, the health of the British army in the Crimea is cited, which ranged from 1,174 to 7 in 1,000, according as the principles of preventive medicine were disregarded or observed."

"In London the average annual mortality from lightning the past five years was only 0.16 to one million persons living, while in England it was 1.10 to that number of the living. Four-fifths of those killed were males.

"London is rapidly extending its boundaries. It now covers an area of 121 square miles, equal to a square of 11 miles to the side. The population in this area amounted in the year 1801 to 958,863, and in the year 1851 to 2,362,236. The London of 1858 is equal to three Londons of 1801. It has now a larger population than the six New England States."

"THE WOMAN WHO LIVES WITHOUT EATING."

THERE is no absurdity too great, no imposition too barefaced, no deceit too often exposed, for human credulity. The possession of the highest intellectual powers is no absolute protection against imposition. Men *will* be cheated. The more difficult a thing is to be believed, the more readily some people believe it. *Credo quia impossibile est*. When rational and sensible men (so considered) believe that a grain of charcoal—so infinitesimally divided that each individual of the human race could be supplied daily for ages with a portion—is capable of producing appreciable specific effects on the system, or that the spirits of the departed can and will communicate with surviving friends through the medium of ignorant and cunning men and women, who make a trade of their pretended powers, what more need we say on the subject? An illustration of this truth is shown in the story of Mrs. HAYES, who succeeded in making many people believe that she lived two years without eating, and without having an evacuation of the bowels or of the bladder. One of our correspondents paid a visit to this woman, and came away a firm believer in her pretensions. Another correspondent has sent us an elaborate article, explaining the phenomena on physiological grounds, and making it quite plain that a human being might live two years without eating, and without fecal or urinary evacuations. Unfortunately for his ingenious theory, the fact it was intended to explain has been proved not to exist. On being watched, Mrs. HAYES was discovered regaling herself on crackers and beef! There is nothing very unusual in all this. Every physician has met with similar cases of attempted imposition by hysterical females; and the only remarkable thing about it is, that so many medical men should be deceived by a very common trick. Strange as it is, however, they will be deceived by it, again and again; and this natural susceptibility of human nature to imposture ought to make us charitable in our judgment of the frailties of others, not knowing when we ourselves may become the victims of delusion.

Conviction of an Abortionist.—The second trial of the notorious Dr. David R. Brown has been brought to a close by a verdict of manslaughter. There is evidently a reluctance on the part of juries to convict in cases like this, where the offence is so very common. Either Dr. Brown was guilty of murder, or was innocent even of manslaughter. If he was justified in procuring an abortion, on account of the condition of the patient, or if she died in consequence of abortion supervening upon treatment intended for a different purpose, he ought clearly to be acquitted. If he attempted to procure abortion illegally, and the woman's death was the result, it is equally clear that he

ought to have been convicted of murder. Under the present state of feeling on the subject, it strikes us that it would be almost worth while to mitigate the severity of the penalty, rather than allow so many criminals to escape scot free, as the majority do. When the penalty for forgery was death, in England, it was almost impossible to obtain convictions, and the crime became exceedingly common. As soon as the punishment was changed to imprisonment, forgeries were of more rare occurrence. We would suggest the propriety of changing the penalty for procuring abortion, from death to imprisonment for life.

The Remains of Hunter.—An English paper says: The remains of the great John Hunter were discovered in the vaults of the Church of St. Martin's-in-the-Fields, a short time since, after a search of two days by Mr. Frank T. Buckland, Assistant Surgeon 2d Life Guards, son of the late Dean of Westminster. The coffin was in No. 3 vault under the church, at the bottom of many others, being, in fact, almost the last to be removed. It is in excellent preservation, the cloth only upon it having decayed in a few places. The handsome brass plate upon it is as perfect as when originally engraved; the coat of arms is uninjured, and the inscription clear and distinct. It runs as follows: "John Hunter, Esq., died Oct. 16th, 1793, aged 64 years."

Double Vagina and Os Uteri.—Dr. Stickel, of St. Louis, reports (*St. Louis Medical and Surgical Journal*) a singular case of anomalous formation of the vagina and uterus. Having occasion to make a vaginal examination in a patient, he found a double vagina and double os uteri. The septum dividing the vagina was oblique in direction—in relation to the natural passage—commencing close to the clitoris on the right side, and stretching down to the centre of the labia on the left, forming a perfect partition through the whole length of the vagina, and at the termination of each passage was a perfect and complete os uteri. The patient said she menstruated from each passage alternately, but never from both at the same time; she did not say whether the alternation was regular. She had borne one child.—*Medical and Surgical Reporter*.

Health of the City.—The mortality of the past week presents several unusual features. The number of deaths is small, and about 29 per cent. of them were by consumption. There were 3 deaths from pneumonia, and 2 from scarlatina. The number who died below the age of five years was 22; between the ages of 20 and 40 there were 21 deaths. There was one death from smallpox. The total number of deaths for the corresponding week of 1858 was 81, of which 16 were from consumption (about 18 per cent.), 5 from pneumonia, 4 from scarlatina, 5 from whooping cough, and 7 from measles.

DIED.—At Auburndale, Ms., 29th ult., Wm. A. Alcott, M.D., aged 61.—At Lancaster, Ms., 23th ult., Calvin Carter, M.D., aged 76.

Deaths in Boston for the week ending Saturday noon, April 2d, 69. Males, 32—Females, 37.—Accident, 1—apoplexy, 2—inflammation of the bowels, 1—bronchitis, 1—consumption, 20—croup, 3—dropsy, 3—dropsy in the head, 2—infantile diseases, 6—erysipelas, 1—scarlet fever, 2—typhoid fever, 3—gastritis, 1—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 2—pleurisy, 1—premature birth, 1—disease of the spine, 1—scalded, 1—smallpox, 1—sore throat, 3—teething, 3—unknown, 1.

Under 5 years, 22—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 13—above 60 years, 6. Born in the United States, 46—Ireland, 18—other places, 5.

THE

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CASE OF PULMONARY EMPHYSEMA, COMPLICATED WITH ACUTE DOUBLE PLEURISY, PNEUMONIA, ASCITES, AND ANEURISM OF THE ARCH OF THE AORTA.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY FRANCIS MINOT, M.D.

PHILENIA MATTHEWS, æt. 36, an unmarried American woman, of intemperate and dissolute habits, of tall stature, stout condition, pale complexion, light hair and blue eyes, stated that her mother's family had all been "dropsical," and that she herself had had "dropsy" for fifteen years, and also occasional œdema of the feet in summer time, after hard work. Four years ago, she had difficulty in breathing, with palpitation of the heart, after quick exercise, and was still liable to the same troubles. She had generally menstruated regularly, though she often suffered so much pain during the first two days of her catamenial period as to be obliged to go to bed. Notwithstanding the above symptoms, she described her health as being "always good."

Five weeks ago, she had a hoarse cough, with difficulty of breathing, wheezing, and orthopnoea at night, but without expectoration and without palpitation. These symptoms were increased by going into the open air, and by active exercise. On Monday, Dec. 24th, with the exception of some sense of fatigue, she was as well as she had been for three weeks previously; but at 5 o'clock in the afternoon she had a sudden attack of dyspnoea, almost causing suffocation. This gradually increased until 11½, P.M., when I first saw her.

She was then sitting up in bed, dressed, and supported by another woman. Her countenance was very anxious; the face and lips pale; the surface cool and moist; the abdomen distended and fluctuating. The dyspnoea was extreme, especially during expiration, while the inspiration was comparatively easy. The respiration was accompanied by rattling and wheezing. The voice was whispering and very faint, and speech was almost impossible. The

pulse was 160, and very feeble; prostration extreme. Notwithstanding the coldness of the weather, she made signs to be fanned, and to have the door set open. So far as the chest could be examined under the circumstances, it was found to be everywhere resonant on percussion; the respiration was everywhere accompanied with a loud sonorous râle; the sounds of the heart were natural.

External stimulants were immediately applied, but during the half hour which elapsed before medicine could be obtained, she appeared to be sinking. The pulse became impossible to count, and at last almost extinct at the wrist. Her eyes closed, and she became nearly insensible, so that it was impossible to make her swallow. However, soon afterward she opened her eyes, and made an effort to swallow a teaspoonful of the solution of the acetate of ammonia, mixed with syrup of seneca. A blister was applied to the sternum, and large sinapisms to other parts of the chest and to the extremities, and in two hours she was somewhat better.

Dec. 25th.—This morning the dyspnœa was considerably relieved, the patient being able to talk in her natural voice. She had expectorated a large quantity of thick, yellow masses of sputa, floating in a clear, glairy, very viscid fluid. The pulse was 100, the tongue clean, the skin cool; and though much prostrated, the patient was doing well. One dejection.

The chest was very resonant on both sides in front, less so behind. Sonorous and sibilant râles were everywhere heard, and there was a peculiar tubular sound which accompanied the respiration, and which was audible in any part of the room. This sound only ceased with the life of the patient.

She was ordered a mixture of the solution of acetate of ammonia, syrup of seneca and wine of antimony.

During the six following days this patient suffered chiefly from cough, which, occurring in paroxysms, was very troublesome, especially at night. The expectoration continued about the same. The pulse came down to 80; the bowels were regular; there was some appetite; the physical signs remained as before.

On the 3d of January, she had slept well, but suffered much from dyspnœa toward morning, with rattling in the throat. The face was pale. At noon the pulse was 120, very feeble; there was a feeling of much oppression in the trachea, and she was unable to expectorate. In the afternoon, she took an emetic, and, toward night, some solution of the acetate of ammonia, without relief. Sinapisms and a warm pediluvium were ordered, and a quarter of a grain of tartrate of antimony, p. r. n., until vomiting.

At 11, P.M., she had taken three quarters of a grain of tartar emetic without vomiting. The pulse was 136, very feeble; countenance anxious; dyspnœa extreme, threatening suffocation; respiration rattling, and, as on the previous attack (of Dec. 24th),

the inspiration was easy, the expiration difficult. No râles nor souffle were heard in front of the chest. The inspiration was loud, and the chest everywhere sonorous in front. There was much thirst. The tartrate of antimony was ordered to be continued.

Jan. 4th.—During the night she took four grains of tartar emetic without vomiting. Toward morning, she began to expectorate round, tough, yellowish masses, floating in a watery fluid, and at the same time the dyspnœa began to diminish. At the time of the visit there was much prostration. The pulse was 120, less feeble than on the previous evening. The tongue was moist, with a thin whitish coat; the skin was cool; there was less thirst; the mind was clear; the tubular respiration was the same as before. During the day the breathing continued to grow easier.

5th.—No sleep, on account of severe pain in the right side, almost preventing respiration, and increased by the least motion. There was great tenderness at the spot. The tongue was covered with a thick whitish coat; there was much thirst; no appetite; one dejection; urine free. The cough had diminished, as well as the expectoration, which was easier than before, and the dyspnœa had in a great measure disappeared. The pulse varied between 112 and 116, and there were alternations of chills and heat.

Partly on account of the exhausted state of the patient, and partly owing to her filthy condition, it was impossible to obtain any satisfactory results from the exploration of the chest. Eight leeches were ordered to be applied to the right side, and a quarter of a grain of tartrate of antimony to be given every hour.

6th.—The pain was much diminished. Four dejections; less thirst; tongue cleaner; asks for arrow-root. Pulse 114, more full; expectoration less; respiration easier; throat painful. Calomel, gr. $\frac{3}{4}$, three times daily. Paregoric, if diarrhœa.

7th.—Much pain in night, referred to "pit of stomach," especially on motion, or deep inspiration. Countenance pale and wax-like; pulse 120, moderately full and soft; tongue moist, and covered with a white coat; appetite slight; bad taste in mouth; throat better; one dejection; respiration easier, but rattling; no dulness in any part of chest, but sonorous râles everywhere.

8th.—Complains of great pain in the right side, under the axilla, and about opposite the extremity of the sternum. Much tenderness there, but no dulness on percussion, and no absence of respiration; during inspiration, the air enters everywhere with a kind of growl. There has been no cough. Much thirst. Can lie only on the left side. The pain was so severe as to cause her to cry out; but she got some sleep. Pulse 112, full and soft; countenance expressive of pain, but not anxious; cheeks flushed; skin warm and dry; tongue moist, clean on edges, with a thin yellowish coat on centre. Yesterday, she took half a pint of gruel. Dover's powder at night.

9th.—Had, on the whole, less pain in the night. Some troubled sleep. Had much thirst, no headache nor pain in limbs. Now, somewhat pale, coughs less, sputa viscid and adhesive. Less groaning. Intelligence perfect; less anxiety about herself. Pulse 116 to 120; respiration 40; no dejection. Pain constant, but worse during cough. Lies on left side.

Coarse growling crepitation on lower part of left side and back, with some fine crepitation. Percussion resonant. R. Epsom salts. Antimony as before. Lemonade.

10th.—Vomited twice last evening. Pain somewhat less, but more prostration. Pulse 112 to 120, soft, rather feeble. Took much lemonade with relish during the night, and about a pint of arrow-root yesterday. Coughed much during the night, and got but little sleep. Two dejections. Urine free. About three ounces of viscid, somewhat bloody or brownish sputa during the night. In both lower backs, sonorous râles, mingled with fine crepitus.

12th.—No fine crepitus heard. Complains much of sore throat. Teeth feel loose. Pulse same.

13th.—More comfortable. Pulse 100. Tongue cleaning. No dejection. Respiration easy.

14th.—Appears quite bright. Pulse 108. Tongue clean on tip and edges, brownish coat in centre. Coughs more than yesterday. Expectoration more tenacious, less frothy and less purulent than yesterday. Got some sleep in night. No thirst. One dejection.

During the day she continued about the same. Took antimony once or twice, and two calomel pills. At 8½, P.M., after coughing, she suddenly bled profusely from the mouth and nose, and expired almost immediately.

Autopsy, 12 hours *post mortem*.

Abdomen, distended and fluctuating, was not opened.

Thorax.—Lungs did not collapse when the chest was opened. Right lung adherent throughout to costal pleura and to diaphragm. The adhesions to the diaphragm were so firm as only to be separated by dissecting; the other adhesions were soft. On the left side there were recent adhesions of the pleuræ in the lower part of the front and side. Those to the diaphragm were as firm as on the opposite side.

The *lungs* were everywhere emphysematous. The vesicles were easily detected by the naked eye. The pulmonary structure was in other respects generally healthy, except a portion of the lower lobe of the left lung, having the shape of a streak an inch broad, extending round the anterior and lateral portions of the lobe, and penetrating about two inches into the interior of the lung, which portion was very soft and easily broken up.

Just above the bifurcation of the trachea, situated on the inner surface of its anterior wall, was a nipple-like tubercle, its apex projecting into the cavity of the trachea. This protuberance was

hollow, like a thimble, and attached by one point of its base only, the rest having been torn away, thus opening a communication between the trachea and aorta, about a quarter of an inch in diameter. Close to this was a small hole, just admitting a probe, opening also into the aorta, and surrounded by a ridge. The bronchi of the left lung were filled with coagula, extending as far as the diseased portion of the lower lobe. The mucous membrane was stained with blood.

The *heart* was small, healthy, strongly adherent to the diaphragm. The pericardium was everywhere so adherent to the heart, that the two could not be separated. The arch of the *aorta* was dilated so as to be able to contain a small apple, and adhered to the trachea. Its inner membrane was covered with thick, hard, semi-cartilaginous plates, which could be easily scraped up with the nail. Opposite the trachea was an erosion $\frac{9}{16}$ of an inch long by $\frac{5}{16}$ of an inch broad, the floor of which was formed by two rings of the trachea, and the membrane between them, including the hollow protuberance before spoken of, pointing into the trachea.

The abdomen was not opened, but the *liver* was examined by cutting through the diaphragm, to which it was adherent, as no fluid escaped from the abdomen. A section of it appeared healthy.

This case is interesting from the coincidence of a number of distinct diseases and effects of diseases in the same subject, each of which must undoubtedly have had some influence upon the development of the others. Yet it is not easy to trace this influence with much certainty in the present instance; still less so to show that any one of the various pathological conditions above described followed as an inevitable consequence from any other.

We may suppose the pericarditis to have occurred several years ago at least, for the pericardium was firmly adherent to the heart at every part. It appears probable that the patient suffered an attack of pleurisy at the same time, since both lungs were so firmly attached to the diaphragm that they could only be separated by the knife. It seems strange that the patient should not have mentioned any severe illness, such as these affections must have given rise to. As they were not suspected at the time she came under my observation, no questions were put to her with reference to them. It is also worthy of remark that the patient should have enjoyed tolerable health for many years, notwithstanding complete adherence of the pericardium to the heart. The recent pleurisy, as well as the pneumonia, may be traced to the exposure incident to the wretched condition of the patient.

The emphysema, judging from the account of the symptoms given by the patient, had existed at least four years previous to her death, when she began to have difficult respiration and palpitation after active exercise. Was this disease occasioned by the embarrassed action of the heart, owing to an adherent pericardium; or was it caused by the pressure of the water contained in the cavity of the abdo-

men against the diaphragm; or by that of the aneurismal tumor upon the trachea; or, finally, was it an idiopathic affection? Whatever may have been the exciting cause, it is probable that a constitutional tendency to the disease existed, since it by no means follows that a patient with any of the above lesions must also have emphysema. The condition of the heart could hardly account for its existence; there was no valvular disease, no enlargement of the cavities, no thickening of their walls, and, so far as the heart's action could be embarrassed by an adherent pericardium, the result would rather be congestion of the lungs, and not emphysema. We can hardly suppose the aneurismal tumor to have caused the emphysema, since, in the first place, it was not large enough to flatten the trachea at all, and, in the second, it evidently occurred subsequently to the pulmonary affection. The pressure of the fluid contained in the abdomen seems the most reasonable hypothesis by which to account for the enlarged condition of the air-cells. This pressure, by contracting the dimensions of the chest, must have given rise to increased action of the muscles of inspiration, and when we remember the length of time which it had to act (fifteen years, according to the statement of the patient), it is not surprising that it should have produced so important a change in the lungs. The further diminution of space in the chest, caused by the enlargement of the aorta, must have aggravated the disease, though, for the reasons above stated, it could hardly have been concerned in its origin.

The disease of the aorta may have commenced many years previous to death. Perhaps its termination in the formation of aneurism and rupture was hastened by the labored action of the heart. The peculiar noise heard in the throat during life, is explained by the projection of a part of the aneurismal tumor into the trachea. It may appear surprising that the aneurism should not have been diagnosticated before death. But, in fact, there was no symptom by which its presence was indicated. There was no thrill, no blowing sound, no dulness on percussion, and no enlargement, which could lead to the suspicion of the existence of any such tumor in the chest.

The abdominal cavity not having been opened, it is not easy to conjecture what was the cause of the *ascites*; supposing it to have existed for fifteen years, it could hardly have been owing to any lesion discovered in the chest; such having probably existed only from a later period. From the imperfect examination which was made of the liver, it is probable that that organ had no concern in its production. We may conjecture disease of the kidneys; ovarian, or other tumors obstructing the vena cava; or chronic peritonitis; the latter being highly improbable, as no tubercles were found in the lungs.

OIL OF CADE—A TOPICAL APPLICATION IN ECZEMATOUS, IMPETIGINOUS AND SOME OTHER CUTANEOUS ERUPTIONS.

[Read before the Middlesex East Medical Society, March 16th, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY A. CHAPIN, M.D.

IN the Boston Medical and Surgical Journal, Vol. LVIII., No. 19, page 379, is an article, translated from the French *Journal de Chimie Médicale*, recommending, on the authority of M. Gibert, purified tar and *oil of cade* as highly efficacious in eczema, impetigo and other vesicular and pustular eruptions. Since its publication there, notices have appeared in several other medical journals, recommending, on the same authority, the *oil of cade*. A case of sycosis on my hands at the time the notice first appeared, which had baffled all my efforts to cure with the ordinary remedies, led me to make use of the article. The result was so satisfactory that I continued to prescribe it, and have thus far found it more than answer my expectations. The cases in which I have prescribed it, with the results, will be presented in detail in their appropriate place.

The *oil of cade* (*juniperi oleum empyreumaticum*) is not much used or known among ourselves, probably because the tree yielding it does not grow in this country. It is found throughout Europe and Asia. The oil is obtained by slow combustion or distillation, from the red interior wood of the *juniperus oxycedrus*, in the manner of common tar from the pine, and, like that, is an empyreumatic oil. It is, however, more highly empyreumatic than tar, and perhaps may be preferred on that account; and as tar obtained from the various species of pine seems equally remedial, so probably might the *cade* of the juniper, the cedar and the savin, growing among ourselves, prove alike curative, if subjected to the trial.

By turning to the article referred to, in the Boston Medical and Surgical Journal, the *oil of cade*—its principles of operation, its mode of application and its results, in the Hospital St. Louis, Paris, will be seen. M. Gibert is represented as having done more than any other dermatologist to regulate and methodize the employment of resinous and empyreumatic substances in the treatment of cutaneous eruptions. For myself, no part of my practice has been to me more discouraging and more unsatisfactory in its results than the management of some forms of cutaneous disease; and in this have I not the sympathy, begotten by a similar experience, of every gentleman present? Are not the minds of each of us filled with a recollection of similar cases, that have baffled our efforts to heal—that have proved only a mortification to ourselves and an opprobrium to our art? Hence anything, whether new or old, that promises better things for us, will be gladly seized. It will be pleasant, sometimes, amid our failures and our impotence, to be able to say that we have *cured*. The cutaneous diseases

under consideration are usually inflammatory in their commencement, and an antiphlogistic treatment, both internal and external, have been relied on too exclusively. Their efficacy commonly extends only to the point of subduing the phlogosis, and if then persisted in, the diseases are apt to run on into the chronic state. It is here that the empyreumatic remedies should come in, and they will carry on the work effectually, after other measures have become inert. By their astringent and escharotic properties, they "relieve itching, heal excoriations, dispel redness, dry up secretions," and remove scaly incrustations. The cases following will confirm the preceding.

CASE I.—A laborer in a saw-mill. He had subacute sycosis, spreading over the chin, along the sides and below the lower jaw. He had been treated for it before he came under my care; and I had prescribed, variously, Fowler's arsenical solution internally, and ointments of mercury, iodine and nitrate of silver lotion, topically, for several months, without much apparent benefit. He was under treatment for it when my attention was first directed to the *oil of cade*, in June of last year. So soon as it could be procured, it was so, for it could not be obtained short of New York city; Mr. Metcalf, apothecary, Tremont St., Boston, obtaining it from there. A liniment, composed of oil of cade, glycerine, āā ℥ss. , liq. subacet. plumb., ℥ij. , cod-liver oil, ℥i. , m., was prepared, with directions to be rubbed over the diseased surface, and an Asiatic pill to be taken every night. Also, to keep the beard cut short with scissors, and to use no soap on the face. The benefit was immediate; the itching and redness vanished, desiccation rapidly followed, and though several weeks were employed in getting rid of the indurated tubercles, they at length entirely left, and there has since been no return. I have doubted whether the arsenical preparations were of any service in the case. I have used them persistently in former similar cases without benefit, and no progress seemed to have been made here till the oil of cade was used.

CASE II.—Last November. A gentleman, seized with eczematous eruption of the left forearm, extending from the hand to the elbow. The redness moderate, limited to the bases of the vesicles; heat, itching and smarting very troublesome at night. The redness increased, and the smarting was aggravated by the liberal scratching practised by the patient. Oil cade, ℥ij. , liq. subacet. plumb., ℥i. , glycerine, ℥v. , m., was prescribed, and with results more speedy than in Case I. The application of the liniment each night at once assuaged the itching and heat, removed the redness and the eruption, and *cured* the disease in a few days. There has since been no recurrence. This case was mild, and required no previous antiphlogistic measures. The single ounce of liniment was sufficient for the cure.

CASE III.—Occurred early in January last. It was an infant of nine months old, having eczema rubrum. The vesicles on inflam-

ed bases, scattered numerously over the head and neck; more thinly over the limbs and body. The child irritable from the itching. Oil cade, \mathfrak{z} i., liq. plumb. subacet., \mathfrak{z} ss., cod-liver oil, \mathfrak{z} viij., m., was rubbed thinly over the system each night, and very soon removed entirely the eruption. No other remedy was used, except a single calomel purgative in starting.

CASE IV.—A boy about 9 years of age, brother to Case III., and affected, too, at the same time; having acute eczema, both rubrum and impetigenoid varieties. The eruption was spread somewhat thickly over the body and limbs, prominent vesicles on diffused red patches, much inflamed, a constant and painful heat and itching, much aggravated, and bleeding in spots, from violent and unrestrained scratching. On the inside of the thighs and along the perinæum, the surface was a continuous scale, except where abraded and excoriated by the chafing of the opposite surfaces. The parts were red with inflammation, and he could walk only with great discomfort and pain. Constitutionally he was not much disturbed, excepting by nervous irritability, which was bad enough. A brisk purgative was given him to commence with, to be followed every night with alterative doses of calomel, combined with Dover's powder, to relieve irritability; and every morning cream of tartar and sulphur in laxative quantity, and once or twice a day to wash him over with a lotion of a drachm each of sugar of lead and lac sulphur in a pint of water. At the end of a week, finding the inflammation diminished, oil cade, \mathfrak{z} i., liq. plumb. subacet., \mathfrak{z} ss., cod-liver oil, \mathfrak{z} viij., m., as in the next preceding case, was rubbed over him every night, and the cream of tartar and sulphur continued in the morning. The effect was, as in the former cases, immediate improvement, rapid and quick recovery. At the end of two months, the father called, saying that his boy was again as bad as before. He was not, however, so bad as at first. There was but slight eruption on the body, the disease was mostly limited to the inter-femoral region, and was far less violent there. They had used up the liniment, and, I think, had stopped too soon. Having exhausted my supply of *cade*, a liniment of tar, \mathfrak{z} i., lard oil, \mathfrak{z} viij., was prescribed, to be used as before; cream of tartar and sulphur in the morning. The effect was as before, and now, at the end of two weeks, he *seems well*. There is no appearance of eruption remaining. I however have directed occasional anointings to the parts most affected, to establish the *cure*.

CASE V.—Was called, Feb. 5th, to a child from two to three years old, with impetigo larvalis, familiarly known as crusta lactea. The whole hairy scalp was covered with a thick, yellowish-gray incrustation of scab, which extended around and below the ears, and somewhat on the face and down the back of the neck. Scattering pustules on inflamed bases were spread over the remaining portions of the face and neck. Like the preceding, it was a severe case. A bread-and-milk poultice was directed to be

applied to the scalp for two or three successive nights, and to wash the part in the morning, to clear away the scab; then apply oil of cade, \mathfrak{z} ss.; extract of lead, \mathfrak{z} ii.; cod-liver oil, \mathfrak{z} x.; to be rubbed over one side of the head and neck, every night, till better, then take the other side; at the same time giving alterative doses of calomel at night, for a week or two; and cream of tartar and sulphur, continuously, in the morning. Here, too, the effect was speedy and beneficial; desiccation at once commenced; the redness disappeared; and now, at the end of six weeks, the child is *nearly well*—no eruption remains on the face or neck, and very little scab on the head. This case I have treated with much watchfulness and care—having only a portion of the diseased surface anointed at a time, lest determination to the brain should ensue from a too general and sudden repulsion of the eruption. The child is of a low Irish family, and did not improve as fast as if the parents could have coöperated more intelligently.

CASE VI.—A child three years of age, with congenital ichthyosis. The skin over the body and limbs of a dirty hue, thick and rough—covered with furfuraceous scales; the itching at times troublesome, as also the dryness and harshness of the skin. The general health unimpaired. The disease is generally considered incurable, when congenital, and this case has been long under treatment. I commenced last fall, and prescribed for it Fowler's arsenical solution, keeping along with it until now, excepting an interval of some weeks, when it took syrup of sarsaparilla and iodide of potassium. About two months ago, *oil of cade*, according to the formula in Case III., was commenced, and with marked effect. The scales rapidly desquamated, the skin became soft and smooth, and at present is only covered, partially, with small patches of a slightly shining and pearly lustre. It is quite possible that, on suspending the topical application, the eruption may return. The present improved state will, however, compensate for all the labor bestowed in effecting it; and it is of much consequence to possess a remedy which may control it, when becoming troublesome.

The foregoing cases, as is perceived, are mostly of recent origin, and have readily succumbed to the remedies. M. Gibert has succeeded in curing eruptive diseases of several years standing, with the *oil of cade*, after they had resisted all other measures for relief. Purified tar may perhaps, in the general, do as well, as appeared in Case IV., and is mainly relied on in the Hospital St. Louis. My experiments have been with the *cade*, and it has satisfied me better than *tar* has ever done, perhaps because I have managed it better.

The best excipient for it is glycerine, being emollient in its nature, not greasy, and is easily washed off with water. The best formula is perhaps that used in Case II.: R. Oil cade, \mathfrak{z} ij.; glycerine, \mathfrak{z} v.; ext. lead, \mathfrak{z} i. M. The latter, the liq. plumb. subacet.,

may be omitted if there is not much inflammation. To give the mixture more consistence, as may sometimes be desired, starch or arrow-root, pulverized, may be stirred in till it becomes a thick paste or pomade. If one part of arrow-root be mixed with eight parts of glycerine, and carefully heated, stirring it well at the time, the result will be an elegant jelly, forming a suitable excipient for *cade*, *tar*, and some other articles, which for delicacy and neatness cannot be surpassed. This jelly, or plasma, as it has been called, may be seen at Mr. Metcalf's, or may be made *pro re nata*. When a large surface is to be anointed, a cheaper ingredient than glycerine may be desired; cod-liver oil, almond oil or *lard oil* will do well. The latter I have used, and consider equal to the others. It is much cheaper. The *oil of cade* may be mixed with either of the oils mentioned, in proportion of one or two parts to eight parts of oil.

RESECTION OF THE KNEE-JOINT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—As resection of the knee-joint is not of every day occurrence, a brief description of an operation, which has resulted in a perfect attainment of the object sought after, a serviceable limb, may not be uninteresting to your readers.

The patient, L. G., a resident of Pittsburg, Pa., is about 19 years of age and of a strumous diathesis. About six years ago he received a wrench in his right knee, and, as a consequence upon this accident, inflammation set in and complete bony ankylosis was the result, the leg being fixed at nearly a right angle with the thigh. Since, in this condition of things, the limb was of no possible service in locomotion, he was desirous that something should be done for his relief, and accordingly placed himself under my care. On the 13th of January, I performed the following operation, in the presence of a number of medical gentlemen. The patient was placed with the hips resting upon the edge of a bed, and the lower limbs supported by chairs. Chloroform was then administered, and, when the patient was fully under its influence, an incision six inches in length was made on each side of the joint, parallel with the axis of the limb, and beginning about two inches above the condyles of the femur. These incisions were then united by a third, which passed across the front of the limb over the tuberosity of the tibia, and the upper flap being dissected off, the joint was exposed. As the patella was firmly united to the other bones, it was removed, and then, a wedge-shaped piece was taken from the femur and tibia by means of the saw; the tendons of the flexors of the thigh were divided in order to allow the straightening of the limb, and it was extended. It was found, however, that the first piece removed did not permit a sufficient

amount of extension, and a second slice was removed. The bones were then placed in apposition, and the integuments secured by interrupted sutures. The limb was then placed upon a properly padded splint, and the wound dressed with cold water. The patient was under the influence of chloroform about an hour.

Nothing untoward occurred during the after treatment, and he was enabled to walk, with the aid of crutches, five weeks after the operation, and now (April), he goes without them, having a serviceable limb, about three-fourths of an inch shorter than the other, and slightly flexed, as was intended at the time of the operation.

WALTER BURNHAM.

Lowell, April 1, 1859.

ATMOSPHERE OF THE MAMMOTH CAVE.

BY CHARLES W. WRIGHT, M. D., PROFESSOR OF CHEMISTRY IN THE KENTUCKY SCHOOL OF MEDICINE.

THE proportions of oxygen and nitrogen bear the same relation to each other in the Mammoth Cave that they do in the external air. The proportion of carbonic acid gas is less than that observed in the atmosphere of the surrounding country, upon an average of many observations. In the dry parts of the Cave the proportion is about 2 to 10,000 of air; in the vicinity of the rivers, something less. Not a trace of ammonia can be detected in those parts of the Cave not commonly visited. The amount of the vapor of water varies. Thus, in those avenues at a great distance from the rivers, upon the walls and floors of which there is a deposit of nitrate of lime, the air is almost entirely destitute of moisture, from the hygroscopic properties of that salt, and animal matter mummifies instead of suffering putrefactive decomposition. And for the same reason, no matter what state of division the disintegrated rock may attain, dust never rises. In portions of the Cave remote from the localities in which the bats hybernate, no organic matter can be recognized by the most delicate tests. Not a trace of ozone can be detected by the most sensitive re-agents.

From what has been stated, it will be observed that the atmosphere of the Mammoth Cave is freer from those substances which are calculated to exert a depressing and septic influence on the animal economy, than that of any other locality of the globe. This great difference is observed by every one on leaving the Cave, after having remained in it for a number of hours. In such instances the impurity of the external air is almost insufferably offensive to the sense of smell, and the romance of a "pure country air" is forever dissipated.

What diseases would be benefited, or rendered worse, by resorting to the Mammoth Cave?

Consumptives, at one time, resorted to the Cave, and, as might

ave been anticipated, with fatal results. Several of them died here, and all of them soon after exposure to the external air. One patient did not see the light of the sun for a period of five months. Short trips are attended with advantage, but a cave residence is speedily fatal.

I know of no inflammatory disease that is rendered worse by a resort to the Mammoth Cave. On the contrary, short and easy trips have been known to effect a cure in chronic dysentery and diarrhœa, where all other measures had failed.

In all those diseases where absolute silence and the total exclusion of light are indicated, the Cave, above all other places, possesses pre-eminent advantages; for no where else have we those conditions combined. The only condition in which risk is incurred is during the menstrual period. Serious, and even fatal results have been the consequence of inattention to this fact.

The temperature of the Mammoth Cave is uniformly 59 degrees, winter and summer, which, in connection with the remarkable purity of its atmosphere, will account for the fact that individuals are enabled to undergo such an unusual amount of physical exertion in it. It is not an uncommon occurrence for a person in delicate health to accomplish a journey of twenty miles in the Cave, without suffering from fatigue, who could not be prevailed upon to walk a distance of three miles on the surface of the earth.

A CASE OF LACERATION OF THE SCROTUM.

BY J. BOWMAN, M.D., SISTERVILLE, VA.

Most cases in surgery are peculiar to themselves; any two being, seldom, just alike, more particularly those arising from accidents. Still, some of the readers of the *Lancet and Observer* may chance to meet with a similar case to the one I am about to relate; and to them it might be some satisfaction to learn what course had been pursued, with the result.

CASE.—T. D., aged about ten years, fell from a runaway horse, 10th November, 1858. The horse struck him, apparently, first with the corks and nails of the shoe, on the left side, above the short ribs, leaving the parts much bruised and ecchymosed; while the other foot tramped him over the pubic region, lacerating the scrotal sac and prepuce in shreds or strips not more than from three to five lines in width, thus leaving both testes exposed; the dartos muscle and tunica vaginalis communis being completely dissected off from the right testicle, leaving only that portion of the tunica covering the spermatic cord, severing all the external pubic arteries, thus causing considerable hæmorrhage.

The question naturally arose, What could be the best course to pursue with the denuded testes? The first thought was to extirpate (which by the by, was the conclusion of some, who are es-

teemed excellent surgeons, on hearing of the case). But, having ascertained that the spermatic cords were entire, and also that the urethra and canal were still perfect, I concluded to form a sac for the testes from the perinæum and perinæal fascia, thus leaving the lacerated portions of the scrotum out entirely: knowing in all reason they must all slough away, and were they brought in to help form a part of the sac, it would only make a worse wound as soon as the slough would take place. Consequently, I placed the testes in as natural a position as possible, and drew up the fascia and skin in close approximation, at first, until I had entered some seven interrupted sutures there; by degrees placed some three upper ones in, at least half an inch longer than the first, thus leaving more room for the glands to play in; and, after forming as comely a member for a penis as the case would admit of, out of the lacerated portions of the covering skin of the urethra and prepuce, I dressed the wound with cold water applications. At two o'clock, P. M., and at eleven, P. M., the lad micturated freely and naturally, and continued to do so at intervals, with the exception of some little spasmodic disturbance, during the appearance of fungous growth in the wound while healing, and the urine dribbling over it caused some irritation. As I anticipated, all the scrotal sac sloughed away, although I had taken the utmost pains to draw all the strips together with sutures. I dressed the wound with the usual antiseptics during the sloughing process, prescribing the free internal use of wine and barks. The boy made a rapid recovery, and is, apparently, as healthy as ever.

The peculiarities in this case were, that the wound was some six inches in length, from pubic arch down, and, as above stated, the whole scrotal sac mutilated, torn into shreds and perfectly paralyzed, not the least sensation to touch, the needle passing through as though it were leather. Now, to form a safe position where the testes could be retained, was, to my mind, no small task; for, to the eyes and patience of the friends and bystanders, it was horrible; and every surgeon knows that at such a moment there is no time to consult books, and even in them I had not met with just such cases, for, as we remarked in the outset, nearly every accidental case in surgery is almost an isolated one, peculiar within itself. There may be some little confinement of the testes in adult life, but the restoration of a natural state of the parts is very wonderful, and certainly much better than extirpation of the testes.

Doctor N., from M—, and Dr. C., from W—, were invited to examine the condition of the parts after the wound was dressed. These gentlemen, who are experienced surgeons, acquiesced in the plan taken as being the best course that could have been pursued.—*Cincinnati Lancet and Observer.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JANUARY 24th.—*Blighted Fœtus ; its Expulsion at 7½ months.* Specimen shown by Dr. JACKSON, and case reported by Dr. HOMANS.

Mrs. M. menstruated for the last time on the first of June last. Had symptoms of pregnancy, as morning sickness, sensation in the mammae, itching, &c. These lasted about 6 weeks, and, after ceasing, were followed by pains in the gums, and headache, and sometimes severe neuralgic pains. In the course of 2 or 3 weeks they left her. On the first of October she had increased in size around the waist and over the pelvis, though her frame had not spread as much as in former pregnancies. After this she did not grow larger. She had not felt motion, nor did she feel any through the course of gestation. She enjoyed her usual health, and walked and worked. On the 9th inst. (Jan., 1859), had a discharge of fluor-albus sometimes slightly tinged with blood, and felt slight pains in the back, and weakness, but kept about as usual until Friday last (Jan. 21st), when she had anorexia, slight pains in the back, and at 3 o'clock the fœtus, enveloped in membranes, was expelled, attended with profuse flowing, which soon subsided. On Sunday (yesterday), pains came on with considerable tenderness in the lower part of the abdomen, but to-day she is comfortable. It may be added that after the birth of her last child, 13 months since, which was still-born, sudden and dangerous hæmorrhage ensued. It should have been stated, however, that no hæmorrhage occurred during her pregnancy, nor any circumstance likely to cause the blighted condition of the fœtus, which probably weighed, with placenta, about 6 ounces.

The fœtus was 9 inches in length, had the usual macerated appearance and also the kironosis which is so frequently found in these cases.

FEBRUARY 28th.—*Urethra-Vesico-Vaginal Fistula.* Case reported by Dr. CABOT.

The patient, L. G., aged 28 years, married, a native of Vermont, entered the Hospital Jan. 21, 1859, with urethro-vesico-vaginal fistula of 6 months standing. She was a stout robust woman; 7 months ago she was delivered of her first child, having been four days in labor. The head of the child was delivered 12 hours before the body came away. Three years ago she fell down stairs, striking on the sacrum. The os coccyx was probably broken, as it was now firmly fixed in front of its proper place. She has had pain in the part ever since.

A month after her confinement, she noticed the fistula. Dr. Cabot found the meatus obliterated, and the opening about the neck of the bladder a quarter of an inch in diameter.

24th.—*Operation.* As the fistula was as it were at the bottom of a depression of which the urethral portion formed the nearest, and the vesical neck the more distant slope, the operation was commenced by forcing a small catheter through the closed urethra and thence passing it into the bladder; the mucous membrane was then removed from the two antagonizing slopes of the depression; and the raw surfaces connected by removing the healed surface on each side of what had been the junction of the urethra with the bladder, without meddling at all with the immediate edge of the fistula. Needles threaded with fine

silver wire were then passed through from the urethral side and brought out on the vesical side of the depression. Two of these were on the posterior face of the urethra, and one on each side, so as to draw the whole gap together. The two ends of each wire were then brought together, and passed through holes in a shield made of thin gutta percha, and perforated shot were slipped down and secured by nipping and clenching the wires. The metallic catheter was then removed and an elastic one substituted, and the patient placed in a prone position.

The reasons for using the gutta percha were that it could be fitted on the spot as might be necessary, and more particularly because being flexible it conformed itself to the catheter without nipping the tissues between.

The following is the Hospital record of the case subsequent to the operation.

Jan. 28th.—Catheter renewed. Some soreness about fistula.

Jan. 30th.—Sutures removed. No ulceration. Union seemed perfect. Water passed freely through the catheter. No bad symptoms. Soreness much diminished.

Feb. 1st.—Catheter renewed. Water passed freely.

Feb. 5th.—Catheter renewed. Doing well.

Feb. 9th.—Catheter renewed. No urine escapes.

Feb. 13th.—Catheter was removed and not re-inserted. Was covered with hard knotty concretions.

Feb. 15th.—Can retain water for a short time. All passes by urethra. Can sit up.

Feb. 16th.—Can force a stream into a vessel 6 inches distant. Retains water for several hours. No dribbling. Goes away for a week on a visit.

Feb. 23d.—Returned to-day. On examination, fistula was entirely closed with firm cicatrix. Has no trouble in holding and passing urine.

MARCH 14th.—*Flexor Muscle of Index Finger forcibly drawn out.* Dr. JACKSON showed the specimen, which he had lately received from Mr. Ezra Dyer, one of the House-Surgeons of the Hospital; and gave the following account of the case. A lad, aged 13 years, fell violently forward, and struck his hand upon a nail, which caused an extensive lacerated wound of the palm and drew out the muscle referred to from the fore-arm, but did not detach the tendon. Mr. D. found the muscle lying in the wound. The tendon was cut away from the finger, and the boy did perfectly well; the wound having nearly healed in two weeks.

Dr. J. remarked that though several cases had occurred here in which a portion of a finger had been torn off and the muscle drawn out, he had never before heard of one like the above. The rapid and easy recovery has been the invariable rule, so far as he has known.

Medical Changes in Chicago.—Professors Johnson, Davis and Byford have withdrawn from the faculty of Rush Medical College. Their successors have not yet been appointed. Dr. Davis has also resigned the editorship of the *Chicago Medical Journal*, the duties of which have been assumed by Dr. Daniel Brainard.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 BOSTON, APRIL 14, 1859.
 

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## THE TREATMENT OF CANCER.—CANCER-QUACKS.

AN unusual amount of attention has been given of late to certain methods of treating cancerous disease, and there now seems to be an evident leaning, in many quarters, toward the employment of escharotics with more frequency than for some time past. While the circumstances of each particular case must modify the procedure of the surgeon, it seems well to use the approved caustics in those instances, and in those particular species of cancerous growth, where the size and form, as well as the nature of the morbid product, admit of the practice. Locality must always have a vast deal of influence in deciding the practitioner as to the peculiar measure he should adopt. He would be more loth, we conclude, to apply escharotics to facial cancer, of whatever description, than he would to other regions of the body. Cancerous growths about the mouth, for instance, are far more properly treated by direct excision, than by caustics. In ordinary epithelial cancer of the lip, the knife is usually remarkably successful.

We are partly induced to refer to this subject—which is always one of great interest to the surgeon, and any improvements in which are of such vital importance to the sufferers from this terrible disease—on account of having had several instances brought under our personal observation, where the direst and entirely irremediable mischief has been done to the patient by medical pretenders. These harpies of society never have it in their power to do more downright injury to their unhappy victims, than when a veritable case of cancer is entrusted to their ignorant management. We say when a *genuine case is entrusted* to them—for a great majority of the so-called cancer cases which quacks report as being under their care, are either pure fabrications, or else not cancer at all. Every ordinary glandular or other benign tumor which they secure for treatment, is trumpeted as cancer—"an enormous cancer"—"a large rose-cancer with extensive roots," &c. &c. Of this wholesale lying we have occasionally had proof—and in one instance, not long ago, when the merest tyro in medicine and surgery would have known better, a simple fatty tumor was pronounced, by a high-priest of "Indianopathy" in this city, to be a dangerous cancerous growth! And yet this class of piratical practitioners are able to parade a long list of names of "Reverend" gentlemen at the foot of their lengthy advertisements—interspersed, now and then, with the names of fabricators of surgical appliances; and in one instance, of one such, who has been—more's the pity, we think—liberally patronized by our profession.

But matters are far worse when such impostors are bold and bad enough to undertake the management of a case of *bona fide* cancer; and it is truly wonderful how any one with the amount of evidence which every honest medical man could easily lay before him, can be hardy enough to run into such peril as to trust them. The more brazen-faced the quackery, however, the more eagerly it seems to be embraced; and not only are the chief agents in the knavery to be condemned, but

also the editors of all such newspapers, as, for filthy lucre's sake. give up column after column to their mendacious advertisements. We are sorry to say that we have such, in this city—to their everlasting disgrace be it spoken.

A most painful instance of mal-practice—after the “Indian Doctor” method—lately came to our knowledge. The case is such, as, in the opinion of good legal judges, would render the parties who practised upon the patient, amenable to the heaviest damages, did the injured person or his friends choose to move in the matter—and this may yet be done. A few additional similar cases would, if exposed, be sufficient, without legal process, to break up the iniquitous dens whence these wrongs emanate.

The instance to which we have just referred, was originally one of facial cancer, of small extent, and perfectly amenable to treatment by excision. This measure was advised by a skilful surgeon of this city ; but the deluded patient, being over-persuaded by some of his so-term-*ed friends*, placed himself under an “Indian Doctor,” established near the centre of the city ; and in consequence of his tampering with the disease, has gradually been reduced to an incurable condition. Nearly one half of the face being destroyed, in this patient, it is easy to conceive of the deplorable state he is in, and the vain regrets he and his friends must feel in view of the cause thereof. There was every reason to presume that a definitive cure would have been the result, had the advice of the surgeon referred to been followed.

Not to add, at present, to the catalogue of horrors for which cancer-quacks are answerable—by the aid of human weakness and credulity—we will for a moment again refer to the use of caustics.

The chloride of zinc enjoys a well-deserved reputation for the purpose of enucleating cancerous or epithelial growths. This is especially mentioned, of late (March 12, 1859), by a correspondent of the *Lancet*—Mr. Wordworth, Assistant Surgeon to the London Hospital, and to the Royal London Ophthalmic Hospital. In one part of his communication, he remarks:—“it may be said that chloride of zinc will answer almost every purpose for which escharotics are employed;” and he believes that a sufficient trial of it “will lead others to the same conclusions which he has formed of its great superiority over all other potential cauteries.” In another place, he says, comparing the actual and potential cautery:—

“In many instances, the application of the ‘actual cautery’ is not so convenient as that of the ‘potential’ ones. Under such circumstances, I believe none can be more effectively and certainly used than the chloride of zinc. It can be managed with the greatest precision, and so regulated as to produce a slough of the thickness of brown paper, or, if desired, of half an inch in depth. Its use is adapted for those cases in which it is desired to arrest a morbid action ; as, for instance, the varied forms of phagedæna, or other specific ulcerations, in which a *superficial* slough only is required ; or for the enucleation of cancerous or epithelial growths, in which the surface is ulcerated, and from their extent, or some other condition, the knife is inadmissible. Its effect is far more extensive than that of the acids, and, with a little care, can be easily circumscribed. Several years ago, the writer was induced to combine it with oxide of zinc as a convenient vehicle for diluting, and applying it to a sore.

“Experience has amply proved the advantages which this combination possesses over those commonly recommended, such as flour or plaster-of-Paris ; for while with the oxide it remains as a *powder* easy of application, so as to produce a certain and uniform result, with the latter means it forms a *paste* of some consistence, and becomes much less manageable. The oxide also possesses the peculiar



quality of protecting the chloride from deliquescence, and so allows it to be kept for a considerable (if not indefinite) period, and the mixture is always ready for use."

In perusing Mr. Pemberton's late work on melanotic cancer, we observe that he is strongly in favor of the use of caustic in that particular form of the disease; indeed, he terminates his volume with a recommendation to employ escharotics mainly, or at least to bring them to the aid of the knife, believing the results of such a practice to be more encouraging than those secured by pure excision. The use of the cautery and of caustics is so greatly facilitated by anæsthetics, that they may often be advantageously employed, where in former times they would not have been deemed admissible—or where doubts might have been reasonably entertained whether their application could have been endured.

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*New Work on Gonorrhœa and Syphilis.*—We are gratified to be able to announce that a work upon Gonorrhœa and Syphilis, which has long been in the process of careful elaboration by its author, Dr. SILLAS DURKEE, of this city, is now rapidly passing through the press. We have had the opportunity of perusing the manuscript, and have no hesitation in declaring that the volume will be eminently a useful and practical one. It is, moreover, written in a style at once easy and accurate; and its information is up to the recognized standard of our day in regard to the interesting and important class of affections of which it treats.

Whilst we have several voluminous works upon these subjects, from the best authorities, they either constitute *arcana* for reference, chiefly, or are so encumbered with theories and the consideration of many conflicting opinions, that they cannot be used as *hand-books* for the exigencies of daily practice. This end, however, we think is eminently attained in the book which Dr. Durkee is about to present to the profession. His large and varied experience, for many years, in the treatment of these maladies, and his well-known accuracy of observation and truthfulness in narration, will make his work one of great value, both to students and practitioners. We confidently predict for it a wide circulation, and feel that its teachings will be of the most reliable nature.

The book will be handsomely illustrated, and issued by Mr. J. P. Jewett, one of the best known and most successful publishers of our city.

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*Amputation at the Hip-Joint.*—The *Chicago Medical Journal*, in announcing the performance of this operation by Dr. Brainard, quotes from Dr. Paul F. Eve the statistics concerning it in this country. It appears that amputation at the hip-joint has been done six times in the United States, four times successfully. In one other case, the patient recovered, but died subsequently from a return of the disease, which was enchondroma; and in one case the result is not stated. Dr. Brainard's case, which makes the seventh, was unsuccessful. Dr. Warren performed this operation more than a fortnight ago on a lad, 17 years of age, who will in all probability recover. The particulars of the case will be reported in a future number of the JOURNAL.

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*Death of Dr. Cutter, of Pepperell.*—At the regular monthly meeting of the Middlesex North District Medical Society, held in Lowell, March



30th, the death of Dr. Nehemiah Cutter being announced, a committee of three was appointed to present resolutions as an expression of respect. Drs. J. C. Dalton and N. Allen, of Lowell, and J. M. Stickney, of Pepperell, were chosen said committee, who presented the following resolutions, which were unanimously adopted, and voted to be published.

JOHN W. GRAVES, *President*.

JONATHAN BROWN, *Secretary*.

*Resolved*, That the members of this Society learn, with sincere regret, the sudden death, on the 15th inst., of Dr. N. Cutter, their fellow associate and first President.

*Resolved*, That his zealous and untiring devotion to the duties and interests of the medical profession, for nearly fifty years, his persevering efforts to alleviate the sufferings of the insane, as well as to promote the cause of education and temperance in the place of his residence, deserve our hearty commendation.

*Resolved*, That while we shall hereafter miss his uniform presence at our meetings, as well as his genial spirit in professional intercourse, we rejoice to learn that his last illness was characterized with so little suffering, and that he was able to meet death with so much composure and resignation, being sustained by the consolations of that religion which he so long professed.

*Dr. Brown-Séquard in England.*—The course of lectures by this distinguished physiologist before the College of Surgeons, in London, were received with the highest appreciation, and he has been invited to deliver a course in Glasgow, in Edinburgh and in Dublin. We learn that Dr. Séquard has discovered a new means of producing anæsthesia. As the method has not been tried upon the human subject, it is not yet to be made known. It will, however, doubtless be made public in a short time. Several interesting subjects will be discussed by Dr. Séquard in his new courses of lectures, particularly those of animal heat, and its relation to the effect of poisons, the subject of asphyxia, and criticisms on the methods of treatment suggested by Marshall Hall, Faure and Sylvester.

*Health of the City.*—Although the mortality continues low, the number of deaths from scarlatina (6) is unusually large. There were 7 deaths from "dropsy in the head," which under a proper registration law would probably be distributed under two or more heads. Among the causes of disease are enumerated, besides apoplexy, "disease of brain," "inflammation of brain" and "convulsions." There are recorded deaths from "disease of bowels," "debility," "dropsy," "scrofula," "ulcers," and "infantile diseases," but there was only one victim under the head of unknown diseases! Of what value are such returns in a statistical point of view? More than one third of the deaths (27) were of subjects under 5 years of age.

*Communications Received.*—Obstruction of the Right Axillary Artery by a Fibrous Concretion.—Letter from Dr. Bauer.—Cases of Ulceration of the Cornea.—Cases of Chronic Inversion of the Uterus.—American Improvements in the Operation for Vesico-Vaginal Fistula.

DIED,—In this city, 5th inst., Dr. Shelomith S. Whipple, 64 years, 10 months.—At Dracut, 6th inst., Dr. Israel Hildreth.

*Deaths in Boston* for the week ending Saturday noon, April 9th, 63. Males, 32—Females, 31.—Accident, 2—apoplexy, 2—congestion of the bowels, 1—ulcers of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—consumption, 10—convulsions, 1—croup, 1—diabetes, 1—dropsy, 3—dropsy in the head, 7—debility, 2—infantile diseases, 3—puerperal, 1—erysipelas, 2—scarlet fever, 6—hæmorrhage, 1—insanity, 1—disease of the kidneys, 1—inflammation of the lungs, 2—congestion of the lungs, 2—old age, 1—pleurisy, 1—premature birth, 1—scrofula, 1—sore throat, 1—suicide, 1—teething, 2—tetanus, 1—unknown, 1—whooping cough, 1.

Under 5 years, 26—between 5 and 20 years, 6—between 20 and 40 years, 10—between 40 and 60 years, 11—above 60 years, 10. Born in the United States, 45—Ireland, 12—other places, 6.

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## NOTES OF CASES OF RECENT AND CHRONIC INVERSIO UTERI.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—This was my first case of *inversio uteri*. I was called to see a woman in Oliver St., more winters ago than I can remember. She had come from a distance, and because it was sleighing time, and so she could travel easily. Her symptoms were flowing, emaciation, weakness, pale sallow face, &c. Examination detected inversion. The womb in this case, and the only one of the kind I have met with, was tongue-shaped—rounded at its lower end, and from thence becoming thicker till it reached the os. The flattening or compression was quite striking. Her state was explained to her, and also the operation her safety demanded. She said she would think about it, and I might call again in the morning. I did, but she was gone—cleared out. The talk of an operation had just half frightened her to death; she took to her sleigh with a will, and evacuated.

CASE II.—In this case of inversion I was consulted by letter. No operation was done, and the case was fatal.

CASE III.—This case was communicated to me by the physician, and his history of it was an unusually able one. Mrs. — gave birth to a child after a severe labor, the latest contractions of the womb being the strongest. The afterbirth was suddenly expelled, accompanied by a gushing hæmorrhage, which was at length controlled. Mrs. — was kept in bed, but rising, after the flow had ceased, to pass water, she felt something heavy and large pass the external organs, accompanied with great hæmorrhage and pain. Dr. — was called, and found the womb inverted and out of the pelvis. He reduced it so far as to carry it within and beyond the external organs, but could not restore it to its natural position. Time passed; a professor of midwifery of the University and in the State in which the patient lived, was called in consultation, and various means were agreed upon to relieve, and, if possible,

to control the alarming symptoms which occasionally occurred. But they only partially succeeded. In the mean time Mrs. — was getting more and more exhausted, and her case more hopeless. I now received a letter from the patient's husband. His letter was a remarkable one. It gave a history of the case from the beginning, and described the symptoms in the order of their occurrence, and with a minuteness which could hardly have been better done by the best educated and experienced physician. He is a professional man, and an eminent one, which may account for the character of his communications to me.

I was in this correspondence called upon to give an opinion concerning future measures, in this exceedingly interesting case. In answer, the difficulties were referred to of giving an opinion before seeing and examining the case; but my impression was, that an operation for removing the womb was the only one which offered any chance of saving life, it being distinctly stated that there was great danger in the operation itself, but that it had been done with entire success. Then came other letters containing other questions, and, among them, one touching the expense, if I were called on to do the operation. This amount could not be stated—the distance was great, and the detention might be long, for I could not leave such a patient until it was either clear she was safe, or her case was entirely hopeless. I had learned that the whole position and circumstances of the family were such as to make the expense one of minor or no consideration. I heard no more of Mrs. — until some months after, when I received a letter from her attending physician, saying that she was dead, and that the professor above alluded to had seen her more than once with him. No operation, as far as I understood his letter, had been done.

Such cases as this are the most embarrassing which can be referred to us. Suppose we recommend an operation, and death happen; responsibility will attach to us. If we do not advise it, though we may have done it successfully, we are again in difficulty. If we go and do the operation, we may leave the patient in unpractised hands, and take the chances of being chargeable with the result. From its history, the above case seemed a very suitable one for the operation; but I should have been inexcusable had its dangers not been fairly stated—and who can “count the cost” before knowing what demands may be made upon him?

CASE IV.—Mrs. — had natural labor. The placenta not being soon separated, or expelled, was taken away by force, being torn in three pieces. Flooding followed, severe pain attended, and the womb was inverted. Dr. — pressed it into the vagina, or rather pelvis, believing he had reduced it. Hæmorrhage continued, and Mrs. — being in the greatest suffering, Dr. — sent for me. She was found lying on her back in the middle of the bed—the bedding in infinite confusion, and blood everywhere. She was exhausted, pulse hardly to be felt; complaining of no



pain, and answering questions with difficulty. I was told what had preceded this state, and made a movement towards an examination. This she resisted—come what would, she had suffered terribly, and would suffer no more. At length she allowed me to feel the abdomen. Above the symphysis was a bowl-like cavity—the vacancy here was very striking. It was surrounded immediately not by the brim of the pelvis, but by a firm, fleshy ring, exquisitely tender. Here were signs of inversion not to be mistaken. Mrs. ——— positively still forbid and resisted the attempt to examine the state of the vagina. She was now seriously told that unless she would submit, she must die. She was then examined, and the womb found filling the vagina, the os uteri, at the farther extremity of the tumor, surrounding it, and this firmly. Firm pressure was made upon the womb, by grasping it forcibly in the hand, thus directing the pressure to the circumference and protruding fundus. The tumor receded, at first slowly, and as it passed the os, suddenly, by a bound. Mrs. ——— had a good convalescence.

CASE V.—I was called one morning to a case, Mrs. ———, who had been recently delivered, but was very ill. I reached the address in a few minutes, and learned from Dr. ——— that the labor had been regular till the last uterine effort. This was violent, expelling the child at once, then the afterbirth, and then the womb itself turned inside out. All this was by a continuous effort. Dr. ——— at once discovered that the womb was inverted, and sent for me. He had returned the womb into the vagina. Reduction was at once attempted, and accomplished with scarce any difficulty or pain. I explained this by regarding the shock, from the extreme violence of the last uterine effort, as a cause of suspending its farther action, and thus allowed of easy and complete reduction.

CASE VI.—Mrs. ———, 24, had a child in February, 18—. The afterbirth was forcibly removed, in pieces, with great pain, and much flow. Dr. ——— having another case on hand, wrote for some pills, and left. Called again. Same symptoms. After a while, imperfect recovery succeeded. Mrs. ——— nursed her child. Menstruation was absent. Occasional losses, which rest would suspend. She weaned her child because she became too exhausted to nurse it longer. Excessive hæmorrhages at periods. I was called to her a year after her child was born, in February. All the signs present of protracted and severe loss. I examined her, and found *inversio uteri*. She wished to know what was her trouble, and I told her, and that an operation was the only thing that would save her. Might she not die of the operation? She was told she might. The hazard was distinctly stated. She would not incur the danger for the possible benefit. I was called again in midsummer, after my February visit. Things had now come to a pass which showed to her that she could not last much longer,

and she was ready for anything. Arrangements were made, and her physician was called on and her case described, and a request made that he would attend the operation. He refused, adding that the suspected dislocation did not exist. The operation was done successfully. Mrs. — has not menstruated since, now several years, and is, and has been, perfectly well. Amenorrhœa produced no trouble. May not this be thus explained: there being no womb, there was no periodical determination of the blood to the ovaries? The circulation was not disturbed in its course, and so no cause existed for such diseases as sudden or accidental amenorrhœa ordinarily produces.

CASE VII.—Mrs. —, aged 22, had a child a year before I saw her. The afterbirth was removed by force, and with great accompanying and succeeding pain and flow. These symptoms having existed a year and without any relief, another physician was called in. He examined her, and said the womb was inverted, and advised that I should be called in, and next day I saw the patient. She was perfectly anæmic, and her symptoms showed how desperate was her condition. This was stated to her, and also the only means which gave any promise of recovery. The dangers of an operation were pointed out fully. Mrs. — was certain she could live but little longer in her then situation, and said she would take the chances of any means which offered any, however remote the probability or possibility of success. The operation proposed was by ligature. This was applied, but the first movement produced so much pain that very little pressure was made upon the womb. This was gradually increased, or as far as it could be borne. But it was not until the thirtieth day from the application of the ligature that it came away. The diameter of the uterine mass to which the ligature was applied, was  $2\frac{1}{2}$  inches, and the mass was densely solid. Mrs. — had a good recovery. Her flesh and color returned, and she was said by her family to have regained the aspect, manner and spirits of girlhood. The same remark was made concerning Mrs. —, who was a little older than the seventh patient, in whom it was said chronic amenorrhœa produced no disease.

CASE VIII.—Mrs. —, between 30 and 40, was seen by Dr. —, who asked me to consult with him in the case. He had examined it, and found *invertio uteri*. Dr. —, who had attended her labor in which this happened, had never suspected its existence, though visiting Mrs. — constantly on account of its symptoms, or effects. These were flooding, exhaustion, emaciation, pain, &c. &c. It was about a year after her labor that I saw her with Dr. —. She was in a miserable condition—confined to her bed, and flowing excessively at her periods, and, upon exertion, in their intervals. Dr. — applied a ligature. It was tightened daily, without any embarrassing accident. Mrs. — was kept perfectly still, and the friends were directed not to move her. At about the

tenth day, they thought she could be moved with safety, and her dress and bedding changed. This was done. She fainted and became cold. Reaction could not be produced, and on the third day after she died. Examination showed the ligature held by a mere thread of fibre. Separation of the womb was perfect, and not the smallest existing disease, or evidence that the ligature had produced any, was discovered.

Four other cases of inverted womb have occurred in my neighborhood, two of which I heard of, which were treated by ligature by other physicians, and successfully. In one of these I was partially consulted. They present one fact, in which they were related to many of the cases which have come under my notice; they were not diagnosticated at the time when inversion happened, and their symptoms were of course ascribed to something else. In two of the four cases above referred to, inversion was taken for polypus. The ligature was applied, the pain of tightening it in both cases far exceeding that which is ever felt in polypus treatment (some slight and temporary pain being now and then felt in the latter). The tumors in both cases were regarded as polypus, until being presented by the operators at meetings of medical societies, they were found to be *inverted uteri*. The patients recovered.

Here are notes of twelve cases of inverted womb, in nine of which the ligature was successful. The eighth died, her death being wholly owing to accident. Of the twelve cases, two died in which no operation was done. Of the result of Case I., I have heard nothing.

The above are reported as *facts*. Sidney Smith says, "Oh, don't tell me of facts. I never believe facts; you know Canning said nothing was so fallacious as facts, except figures."

I am more than half inclined to agree with these two respected men in their opinion of facts and figures. "Figures will and do lie," says a distinguished teacher. My twelve cases are not offered for their apparent statistical value. The next twelve recorded may give us nine deaths and three recoveries. My object in recording them is simply to show the result of an operation in a certain number of cases, and the result in two in which no operation was done.

I have used the word fact in its popular signification, as indicating present knowledge. A thousand apparently precisely similar facts may not add a particle of weight to that first observed fact. For it is utterly impossible that the circumstances attending the first observed fact should have concurred in the production of the following. They are of course different facts, the products of different circumstances. The progress of science has every day showed the instability of facts in the only important use that may be made of them, the foundation and establishment of opinions or doctrines. It was a fixed fact with Lavoisier that



oxygen was the only acidifiable agent. To Lavoisier it was the only one, and his doctrine was believed to be established. We now know that it had no foundation, and should that distinguished philosopher appear now, he would doubtless yield cheerfully his doctrine to the discoveries of Davy.

An old legal friend of mine, who was learned in the law, dabbled in chemistry. He did more, he studied and loved it. Lavoisier was his scientific or chemical idol. He worshipped him—scientifically. At length came the chemical revolution. My friend's heart sank within him. To have his idol destroyed!—a perfect idolonoclast breaking it into a thousand pieces! He abandoned chemistry in disgust—would not utter the word. What would he have said, had he lived to this day and seen his favorite, beloved science, and all its old processes and revered subtleties, contracted into wretched algebraical formulas?

How is it with the ligature in *inversio uteri*? Denman and others taught, that unless reduction was attempted very soon (Denman says within four hours after inversion), it would be impossible to reduce it. This saying was founded on existing facts. Cases have since been reported of spontaneous reduction, months, and even years after inversion happened. If my memory of early reading serve, Dobereiner gives a case of such spontaneous reduction. Dewees tells us that a case of partial inversion occurred in his own practice, and which he failed to reduce by the usual method; the *os uteri* having contracted round the middle part of the womb. The thought occurred to him that were he to seize the inverted portion, and draw it entirely through the *os*, room enough would be produced in this last to allow of reduction. This he did, and with perfect success. I call this genius.

Very recently, since the cases in this paper occurred, reduction has been safely accomplished months and years after inversion. Professor Peaslee has certainly reported one, if not more cases, in which he has effected reduction long after the occurrence of inversion. His process, like all true methods, is perfectly simple, consisting mainly of two elements—support of the womb from *without*, while he carries it upward upon itself from *within*. How simple, and yet how successful! Has not our Professor discovered the fulcrum upon which, if he could not move a world, he could a womb? I hope, dear Editors, you will soon give us a full account of Prof. Peaslee's case or cases, and other equally successful kindred ones, which have lately been reported. I have never seen a case of chronic inverted womb in which I have not attempted reduction before using the ligature. But failure has always followed these attempts. The true process had not been discovered. Another reason for failure, has been the extreme exhaustion of my patients—they being perfectly anæmic—and another, the profuse hæmorrhages which have come of the attempts at reduction.

## ULCERATION OF THE CORNEA.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY W. WILLIAMS, M.D.

SELECTION of the following cases as the subject of this paper, has been made, in the belief that the affections of the cornea, whether arising from mechanical injury, from exposure to atmospheric vicissitudes, or from constitutional diathesis, require peculiar delicacy in their management, and that there is a general tendency to err on the side of over activity in treatment.

Leaving aside all those morbid conditions which are the result of traumatic injury, of purulent conjunctivitis, or of friction of what are termed granulated lids, I ask the attention of the Society for a few cases of another class, where the disease has its primary and principal seat in the cornea or its epithelial covering, the other tissues of the eye being only secondarily involved. These are taken from among those which have been under my care during the past two months, a period which has offered an unusual number of corneal affections, and during which influenza and catarrhal symptoms have also been extensively prevalent.

CASE I.—On the 1st September, 1857, I saw, within a few miles of the city, a young lady, who, otherwise in excellent health, complained of her right eye. I learned that for several months she had had symptoms due, as I presume, to the existence of slight conjunctivitis and disease of the Meibomian glands; but that within two days she had suffered much pain in and around the eye, preventing sleep—together with intolerance of light and copious lachrymation.

On examination, the cause of the pain and photophobia was detected in a small central ulceration of the cornea. The palpebral lining was found to be thickened, and the conjunctiva covering the globe was somewhat injected.

A solution of sulphate of zinc, two grains to the ounce of water, was prescribed as a collyrium, a few drops to be put into the eye four times a day. Eye to be bathed with a tepid lotion of milk and water. Diet as usual. Ung. aq. ros. to be applied to the edge of the lids at bedtime.

The next day the symptoms were mitigated; there had been less pain, and she was able to sleep quietly during the night, but the photophobia had not disappeared. The same collyrium was continued, and the inside of the upper lid was lightly touched with a small, smooth crayon of sulphate of copper.

On the 4th, the ulcer was cicatrized, and the photophobia was no longer troublesome. The crayon was applied as before, and the ointment and collyrium continued.

On the 11th, the cicatrix of the ulcer was less opaque and of diminished size, and vision was improved. Re-applied crayon. Continue collyrium. Apply to the edge of lids a very small quan-

tity of an ointment composed of one part ung. hydr. nitratis and four parts ung. aq. ros. As the conjunctiva of the other eye is in a similar condition, the remedies were prescribed for this eye also.

15th.—The scar of the cornea is less distinct, and the condition of the cornea and ciliary margins much improved.

Oct. 10th.—The cicatrix of the cornea is scarcely perceptible, and the conjunctiva and Meibomian glands are much improved. She can use the eyes with more comfort than she has done for many months. Advised that the collyrium and ointment should be used for some time longer, that the eyes may be fortified against relapse.

CASE II.—On the 3d September, 1857, I saw Mrs. —, æt. 55, who had previously consulted me in regard to a glaucomatous affection of her right eye. As there was evidence of internal disorganization, and as even the perception of light was lost, I could give no other than an unfavorable prognosis. She now requested advice on account of a very large ulceration of the cornea of this eye, which had come on within a few days, and which caused severe circum-orbital pain and copious lachrymation. There was also much conjunctival inflammation, with thickening of the lining of the lids and considerable mucous secretion. The unhealthy state of the globe, which had the hardened, tense feel so often perceived in glaucoma, made me very apprehensive in regard to the result of the ulceration.

Ordered a tonic general treatment, the ammonio-citrate of iron, with good diet. Lupulin at bedtime, and an opiate if necessary to relieve any severe pain and ensure sleep. As a collyrium, sodæ bor., gr. xv. to the ounce. Simple ointment to be applied along the edge of lids.

4th.—She did not require the opiate. Rather less photophobia and lachrymation. These remedies, above named, were continued until the 10th, at which time there was a marked improvement in the condition of the ulcer, with abatement of the symptoms; but the surface of the ulcer, as also that of the conjunctiva, had a sluggish and flabby aspect. Substitute zinci sulph., gr. ijss. to the ounce, for the solution of borax.

14th.—The ulcer has become smaller, and has a more healthy look. As the lining of the lids was considerably thickened and disposed to granulation, the crayon of sulphate of copper was applied. Same collyrium and ointment.

This plan was pursued steadily, the inside of the upper lid being touched with the crayon once in three or four days for a fortnight longer. The ulcer, though slow in healing, improved steadily, and was cicatrized at the end of three weeks from the first application for advice. After the crayon of sulph. cupri was no longer necessary, the collyrium was continued until the conjunctival inflammation had disappeared.



CASE III.—Miss —, æt. about 20, consulted me on the 8th September, 1857, for dimness of vision in the right eye. From her account the disease must have existed for some time, as she had felt some pain and noticed increased lachrymation, but had not at first observed the loss of sight.

On examination, the only redness of the eye consisted in the faintest possible injection of the sclerotical vessels, radiating outward from the margin of the cornea. The central portion of the cornea, to an extent beyond the diameter of the pupil, was dotted with minute ulcerations, so small that they had been entirely overlooked, but so distinct that they could readily be perceived by the mother of the young lady when I pointed them out to her.

I have never seen this form of ulcer of the cornea, appearing like a number of greyish dots upon its surface, except in persons whose constitution was below the average standard of health. Generally, it is seen among those of the working classes whose food is insufficient or innutritious, and whose occupations confine them to close rooms and deprive them of suitable exercise. This lady had always been most favorably situated, and accustomed to regular exercise, but seemed to have a feeble constitution, and had lately suffered from dyspepsia.

Ordered half a teaspoonful of lupulin before dinner and at bedtime, with five grains ferri ammon. cit. after dinner. Collyrium of borax, twelve grains to the ounce, three times a day.

Once in two days, the vapor of a solution of iodine in chloroform, twenty grains to the ounce, was applied to the closed lids by means of an "eye-bottle," and was held in that position till the vapor had penetrated sufficiently to cause an uncomfortable sensation of warmth in the eyeball.

The improvement from day to day was almost imperceptible, but at the end of ten days she began to feel stronger, and the opacities of the cornea had diminished in number and in distinctness. There was also some improvement in vision. Continue lupulin. Potass. iod., gr. v. three times a day.

On the 28th the opacities had entirely disappeared, even a magnifying glass failing to detect them. Vision, however, continued very imperfect.

Oct. 24th.—Her general health is much improved, but there is little change as to the amount of vision. Examination with the ophthalmoscope fails to discover any morbid condition of the internal parts of the eyes. I am disposed to regard this imperfection of visual power as analogous to the deficiency which often continues for a considerable time after the disappearance of all the active symptoms of an attack of iritis, and to consider it as due to a passive congestion of the retinal or choroidal vessels, of the same sluggish nature as the affection of the cornea.

Nov. 6th.—She has improved in health, and has gained sufficient vision to enable her to read a large print.

CASE IV.—Mr. —, æt. 40, residing at some distance from the city, was struck in the right eye, by a fragment of stone, some weeks before I saw him. He felt so little inconvenience from the blow that he continued his work the same and the following day. He thinks, however, that he took cold, as he began to have some inflammation of the eye on the second day. Domestic remedies, of no great consequence, were used for a week, at the end of which time a physician was called in. Leeches were ordered to be applied to the temple, low diet was enjoined, and a solution of nitrate of silver, which gave great pain, was applied to the eye. After this Mr. — began to have severe circum-orbital pain, very intense at night. The nitrate argenti was applied a second time, and he was directed to use a collyrium containing corrosive sublimate, injecting it by means of a syringe several times a day.

When I saw him, Sept. 9th, 1857, he had much intolerance of light, but the pain in and around the eye was less severe than it had been. The cornea had been largely ulcerated, and extensive perforation of its centre had occurred, causing prolapsus iridis and anterior synechia. The ulcer was not yet cicatrized, but had a healthy aspect. There was great conjunctival injection and considerable mucous discharge. The cloudiness of the cornea extended for some distance beyond the limits of the ulcer, and made it impossible to determine whether the pupil was wholly closed.

Applied a solution of atropia to detach the edge of pupil, if possible, from its adhesions to the cornea, or to enlarge it if it should be partially free. As a collyrium, a solution of borate of soda, ten grains to the ounce, to be dropped into the eye five times a day. Lotions with tepid water. Simple ointment along the edge of lids at night. Good diet.

11th.—He already bears the light better, and his pains have been less severe. The conjunctiva has a less irritated look; but the palpebral portion is still thick and disposed to secrete mucus.

Applied crayon of sulphas cupri to the inside of upper lid. Continue other remedies.

13th.—Still further gain. The atropia has rendered it evident that the outer edge of the pupil has not become adherent to the cornea, but remains free, and he can see objects when placed very much to the side. Same treatment.

18th.—The ulcer of cornea has cicatrized, and the injection of the conjunctiva is greatly diminished. He returned home, with advice to continue the collyrium.

Oct. 14th.—I again saw him. The eye is nearly free from injection, and the cicatrix of the cornea is less in extent and opacity. The outer part of the cornea, in front of the portion of pupil which remains open, promises to become so clear as to admit of useful vision.

CASE V.—L., a child seven years of age, residing in an elevated healthy situation in the city, but of very strumous aspect, had

been under my care, a year since, for scrofulous ophthalmia with ulcerations of the cornea. She was relieved of her symptoms, and during the intervening months her eyes have been well and her general health has improved. But on the 13th October, 1857, she was again brought to me, with a recurrence of the former disease. She was unable to bear the light or to permit any examination of the eye. At night her face was buried in the pillow, and she sometimes woke screaming with pain. During the day she declined play and avoided light. Her appetite was bad. The cheeks were excoriated by the contact of irritating secretions from the eyes.

The eyes were forcibly inspected, and found to be affected with ulcerations of the cornea, without any considerable injection of the conjunctiva, and with no vascularity of the cornea, or effusion around the ulcers, which were excavated and had a transparent surface.

As she was a most unmanageable child, I deemed it best to touch the inner surface of the upper lid with the crayon of sulph. cupri, while she was in my own hands, rather than to rely on the introduction of a collyrium by her parents. Ordered, also, the instillation of a collyrium of zinci sulph., two grains to the ounce, three times a day. Ung. aq. ros. to be applied along the edges of the lids at night, and to be smeared over the exposed skin during the day, to preserve it from excoriation. Liq. ferri iod., gtt. viij. ter in die.

16th.—Her condition was slightly better. Less lachrymation, and less excoriation of cheeks. Re-applied crayon. Continue remedies.

19th.—Much improvement. The photophobia is so much less that she can allow me to examine the eyes. The ulcers have a more healthy aspect. As she no longer struggles violently when an attempt is made to introduce the collyrium, I dispensed with the use of the crayon.

22d.—The ulcers seemed healed. Small excavated facettes occupy their places; but, as these are not in the centre of the cornea, they will not materially interfere with vision, and will probably be filled up.

CASE VI.—On the 9th of September, 1857, I was consulted by Mr. —, æt. 35, of Maine. Some four weeks since, he began to feel slight irritation of his left eye, with increased lachrymation and slight intolerance of light. His physician detected ulceration of the cornea, and a collyrium was prescribed from which he obtained no relief. He was then told that it would be necessary to divide the vessels of the conjunctiva to deprive the ulcer of its supply of blood. This was accordingly done, and, as no benefit resulted, the operation was repeated, a few days after, and a portion of the conjunctiva, including the enlarged vessels, was excised. The symptoms became, however, more severe; the photo-



phobia increased, he began to have circum-orbital pain, and vision diminished. As he had once before been under my care for an attack of iritis, he again came to the city for my advice.

I found a somewhat extensive but very superficial ulceration of the cornea, surrounded by an effusion of sufficient extent to mask the upper part of the pupil and obscure vision. The wound resulting from the excision of the conjunctiva was still visible, and the vascularity incident to the repair of this wound caused much injection of the upper half of the surface of the globe. In all other respects the eye was healthy.

As I believe the vascularity which is commonly observed in the neighborhood of an ulcer of the cornea is a consequence and not a cause of the ulceration, I endeavored to promote the cicatrization of the cornea and to lessen the vascular congestion by means of the most unirritating nature. He was directed to use lotions of tepid milk and water, and to instil a collyrium of twelve grains of borax to the ounce, four times a day. Regarding a healthy vigor of the circulation as most favorable to the repair of a tissue of a low organization, like the cornea, I advised a generous diet instead of the abstinence which had been enjoined. As the circum-orbital pain became more severe when he assumed the horizontal position, ten grains of pulv. ipec. et opii were ordered at night.

11th.—The wound of the conjunctiva has healed, and the cornea appears better. He has less pain, but considerable photophobia.

13th.—The ulcer has cicatrized, and the photophobia has subsided. The opacity from effusion remains as before.

15th.—The conjunctival vascularity is rapidly diminishing, now that the ulcer has healed, and the effusion is less in extent.

17th.—The eye is nearly free from injection, and the effusion is being rapidly absorbed. He returned home to-day, vision having become nearly perfect, and will continue the use of his mild collyrium.

CASE VII.—Mr. —, of Plymouth County, a healthy farmer of about 45, was sent to me by his physician, on the 24th September, 1857, on account of severe pain accompanying ulceration of the right cornea.

The eye presented an appearance as if abrasion of the cornea had taken place from some slight mechanical injury. He stated, however, that he had received no blow, but that the disease had spontaneously arisen. The conjunctiva was very slightly injected.

I advised the use of a collyrium of fifteen grains borax dissolved in an ounce of aqua camphoræ, to be dropped into the eye five times a day. To shade the eye from bright light, and to remain quiet in the house, or at least to avoid exposure to cold and strong winds, until the photophobia and pain should have subsided. Usual diet.

I again saw him on October 10th. The eye was nearly well. The ulcer had healed, leaving a superficial cicatrix, which will be wholly absorbed. To continue the collyrium, and to be cautious as to imprudent exposures.

CASE VIII.—Mr. —, æt. about 40, consulted me on 28th September, 1857. He resided in another State, and had been treated for iritis, the severe circum-orbital pain, nebulous state of cornea and contracted size of the pupil, having been regarded as evidence of the presence of this disease. Active cathartics had been given, with blisters upon the temple, extract of belladonna around the orbit, and a collyrium of acetas plumbi. Happily, although the cornea was extensively ulcerated, no deposit of lead appeared to have been formed, as is so frequently the case when an ulcerated surface exists. The patient was rather reduced, and I thought the pain had perhaps been aggravated by low diet.

The ulceration of the cornea did not seem disposed to heal or to advance. There was considerable injection of the conjunctiva, and the vessels extended as far as the margin of the ulcer. The pupil was dilated by the effect of belladonna, and the iris seemed perfectly healthy.

Advised good diet, three grains sulphate of quinia per diem; collyrium of sulphate of zinc,  $1\frac{1}{2}$  grains to the ounce. Dover's powder, twelve grains, at bedtime. Spermaceti cerate along the edges of the lid.

After the first night no anodyne was required. The next day pain and photophobia were much diminished.

Saw him again in three days. The ulcer had a more healthy aspect, and cicatrization had already begun. There was much less lachrymation and less injection. As he felt anxious to return home, I advised a continued use of the quinia for four or five days. Gave him a collyrium of borax, twelve grains to the ounce, to be used alternately with the solution sulph. zinci.

Nov. 2d.—Another patient from the same town brings me the news of the perfect recovery of Mr. — within a short period after his return home.

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#### SMALLPOX IN PROVIDENCE.

BY E. M. SNOW, M.D., SUPERINTENDENT OF HEALTH.

[Communicated for the Boston Medical and Surgical Journal.]

THIS disease commenced in Providence about the first of January, and has continued until the present time. Very full particulars of every case have been obtained, of which suitable disposition will be made hereafter. My object, at this time, is to give a few incidents, relating to the disease, which may be worthy a moment's attention of your readers.

In one locality, in the city, there is a class of dwelling houses,

somewhat isolated, and occupied entirely by Irish families. About the 20th of February, a boy of 12 years, in one of these houses, was taken with the varioloid. The case was severe; but no physician was called, and no information was given to the Board of Health. The boy associated freely with his neighbors, and though they knew the nature of the disease, they took no measures to protect their children. On the 13th of March, a case of smallpox was reported in that locality. On visiting the place, I found, in that cluster of houses, seven cases of smallpox, and four of varioloid, all of which commenced between the 10th and 12th of March. The youngest was a child of seven weeks; the oldest, a boy of fifteen years. Three cases, the infant of *seven weeks*, a boy of three years, and the boy of fifteen years, proved to be *confluent smallpox*; confluent about the head, face and hands. The others were distinct, more or less severe.

The *treatment* was "expectant" to the fullest extent. Perhaps if it were called "oudenpathic," or some other unmeaning name, it might attract more attention, and become more popular. Not one of the eleven cases took a particle of medicine, of any description, from first to last. My efforts were wholly directed to measures to prevent contagion, the chief of which were cleanliness and free ventilation.

The *nursing* of these cases was wholly Irish. Physicians in cities will appreciate the importance of this remark.

The *result* was that all recovered—none died. Every case went forward to a favorable termination, without a single unfavorable symptom.

I suppose that most intelligent physicians, at the present day, believe in the "expectant" treatment of smallpox; but I think very few of those who have the strongest faith in the recuperative energies of nature, would think it possible for *an infant of seven weeks* to recover from *confluent smallpox*, without, or with treatment.

The fact that such a case has recovered may strengthen the faith of the doubting, and give a new idea to some physicians who cannot rid themselves of the belief that they can do good, by the administration of drugs, in this formidable disease.

Another incident to which I would refer is as follows: Among the eleven cases referred to, there were five in one house. They all presented the same appearance, all being in the third day of the eruption. Among them was an infant of sixteen weeks, which had never been vaccinated. This had the same appearance as the others, and was unhesitatingly pronounced a case of smallpox, by three physicians who saw it. I was much astonished, on the ninth day of the eruption, to find that this child was well, and the eruption all gone. A few traces were left like those remaining after a light case of varioloid. A few days afterward, the child had a boil of considerable size upon the lower portion of the sternum;



but otherwise has remained well until the present time. Was this a case of modified smallpox? If so, what modified it? Will the child be subject to smallpox in future? These are questions upon which physicians here are not agreed.

Another incident which I would mention, has some bearing upon the question, whether vaccination loses its preventive power by the lapse of time. At the time these eleven cases of smallpox and varioloid were found, we also found twenty-one children, in the same houses, who had never been vaccinated. These were vaccinated on the 14th of March, and *not one of them has had the slightest varioloid*, though they have remained in free communication with the cases of smallpox. But in the same houses there have been six cases of varioloid, some of them quite severe, in children between the ages of 7 and 15 years, all of whom showed good evidence of having been successfully vaccinated at some previous period.

I might also add, that, since the first of January, about 1000 persons have been vaccinated at the office of the Board of Health, including re-vaccinations, and probably twice that number by physicians in private practice, and not one of the whole number has had the slightest varioloid, except in one instance, where a child was vaccinated on the eighth day after exposure to the smallpox. Now, if a successful vaccination is a perfect protection, for the time being, and if, in time, it gradually loses its protective power, I can fully understand these facts. But if the protective power of a successful vaccination depends upon the degree of its effects upon the system at the time, so that some persons who are successfully vaccinated are not fully protected, I cannot understand why some of the twenty-one children who were so thoroughly exposed to the contagion, or some of the three thousand recently vaccinated, have not had the varioloid.

But whichever view is true, the absolute necessity for re-vaccination, for protection from varioloid, is fully established. In this city, during the last three months, scores, and perhaps hundreds, of persons have been re-vaccinated after exposure to smallpox and varioloid, and have escaped the slightest symptoms of the disease.

It was my intention to give two or three more incidents relating to the disease in this city, but the length of this communication renders it inexpedient.

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*Perchloride of Iron in In-growing Nail.*—After fomentation, Dr. Alcantara interposes beneath the nail a small piece of lint, upon which some ointment of perchloride of iron has been spread. All the surface of the excrescence deprived of its epidermis is covered over with this, and the dressing renewed twice a day. At the end of four days, the excrescence becomes dry and mummified, and is easily detached. The wound then assumes a healing aspect, and the case is completed at the end of a week.—*Union Médicale.*

### Bibliographical Notices.

*The Hymen: An Essay, delivered (by appointment) before the "New York Medical Union."* By T. GAILLARD THOMAS, M.D.

This little pamphlet, of 21 pages, deserves more than a passing notice. Dr. Thomas writes enthusiastically, and evidently with a full appreciation of the importance of his theme. The following paragraphs certainly justify these assertions. Speaking of the derivation of the term Hymen from the Greek word *ὑμῆν*, he says, "a beautiful similitude exists between its use in botany and anatomy; in the former it designates the fine pellicle which encloses the flower in the bud; in the latter it defines the gauze-like veil which guards the budding functions of womanhood; both about to expand and culminate coincidentally with its rupture." In another place he speaks of the singular importance which has, from the earliest ages, been attached to the existence of the hymen, and says, "when we bear in mind that at various periods of the world's history, the life, the honor, and the holiest affections of the female heart have been jeopardized by a blind reliance placed in it, how strongly and painfully does it impress upon us the fearful responsibility of our calling, when we see such gigantic interests, the guardians of which we are, revolving around so insignificant a pivot."

The essay discusses the origin of the term hymen, its literature, its anatomy, physiology and uses, the customs and superstitions to which it has given rise, its medico-legal relations, its diseases, and the causes of its persistence after copulation and conception. On all these subjects Dr. Thomas has written much that is original, and brought together all which has been said by others, in a manner always intelligible and concise. The portion devoted to the literature of the subject, and to the customs and superstitions to which the hymen has given rise, certainly testify to scholarship and research.

Allusions to the hymen are traced back to Moses, Terence, Cicero, Pliny, and to the old Jewish work called the Mishna. Hippocrates and Galen are silent concerning it. In the 16th, 17th and 18th centuries anatomists were entirely divided as to the existence of this membrane. "Oribasius, Ambrose Paré, Varolius, Palfyn, Dionis and Bufon, and many others, denied its existence, while the equally weighty names of Vesalius, Morgagni, Ruysch, Bartholinus the younger, Riolanus (whom Haller compliments with the quaint title 'restitutor hymenis'), Onander, Smellie, Winslow, Meckel and a host of others, supported it." These discrepancies Dr. Thomas endeavors to explain by the facts, that during the 15th, 16th and 17th centuries, from the difficulty with which bodies were obtained for dissection, such only were examined as would be unlikely to have the hymen present; that, subsequently to this, "theory passed for fact, and proof was not required to render assertions valuable"; and further than this, that "it is natural for the mind to reject even positive evidence, when that evidence differs in each case in many important particulars." It is within our own recollection when a distinguished anatomist of this city, who had till then doubted the existence of such a structure, first saw a hymen, found in the person of an adult Irish girl brought into the dissecting room of our Medical College.

The following extraordinary custom, connected with the hymen, is quoted from the *Revue de l'Orient*, 1st Series, Vol. IV. "In speaking

of the tribe called Namboury, as one of its peculiarities is mentioned the fact of that singular people believing that the existence of the hymen after death constitutes a bar to the proper and decent interment of the body. The honor of the family demands that it should be broken before the ceremonies of the burial take place. But only in the natural way must this be done. Accordingly, a member of the caste is bribed into the performance of an unearthly and revolting deflowerment, and the burial proceeds. If, in any case, this ridiculous and disgusting ritual is not observed, the relations of the deceased are regarded as disgraced forever."

The fact that the absence of the hymen does not prove the want of chastity, seems to have been known to the ancients, for in the Mishna, already alluded to, and which dates back to the second century of the Christian era, is found this advice to the husband who suspects the virginity of his bride. "Should she assert, 'I have been fractured by accident,' while he replies, 'No, thou hast been deflowered by a man'; Rabbi Gamaliel and Rabbi Eleazer say she is to be believed; but the Rabbi Joshua saith, 'not by her assertion are we to be guided; she is presumed to have been deflowered by a man, unless she adduces proof.'"

The diseases of the hymen are enumerated as

1st. *Fibroid or Cartilaginous Degeneration.* Of this Dr. Thomas alludes to four cases, communicated to him by Dr. Valentine Mott. One of them is that of an "unmarried female, with a fibrous growth from the uterus, hanging into the upper part of the vagina. The hymen resembled, in strength and resistance, the fascia lata of the thigh, and shutting up the greater part of the mouth of the vaginal passage, precluded all possibility of operating, or even of fully examining the morbid structure above."

2d. *Ossification.* This is illustrated by a case of Dr. Van Buren's. "The membrane gave to the touch the ordinary sensation of calcification, and when struck by a probe, it distinctly gave the sound which an ossific patch on the aorta yields to a metallic instrument which strikes it."

3d. *Aphthous Ulceration.*

4th. *Inflammatory Ulceration.*

5th. *Irritability accompanied by Spasms.* "This condition seems to consist in a peculiarly irritable hyperæsthetic state of the nerves supplying the hymen, which, by reflex action, cause spasm in the elastic tissue surrounding it, as thought by Dr. Tyler Smith, or in the sphincter vaginae, as thought by Dr. Marion Sims."

Dr. Thomas has collected six cases of this affection. Two of these cases are communicated to him by Dr. Sims, in one of which, during 27 years of married life, sexual congress had never been effected, the hymen still remaining perfect; in the other, the lady had been married four years, during which time the act of coition had been impracticable. The remedy proposed for these cases is incision of the sphincter vaginae, as is done in the analogous condition of the sphincter ani resulting from fissure.

Both this affection and the 6th, *an imperforate condition*, are discussed at considerable length.

The causes of the persistence of the hymen after copulation and conception, of which so many cases have been recorded, are enumerated as



Degeneration of its structure, as already alluded to ;  
 Extreme elasticity and distensibility ;  
 A small male organ and a hymen with a large fenestra ;  
 The relaxing influences of vaginal and uterine discharges.

We believe that we have quoted sufficiently from the pamphlet before us to show its value as an essay. In spite of certain inelegancies of style, and the introduction of some things, the admission of which may be considered of questionable propriety in a paper of the sort, we feel sure that every one into whose hands it may fall will acknowledge its merits and interest.

H.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 21, 1859.

### TREATMENT OF ACUTE DISEASES.

IN another part of the present number of this JOURNAL will be found an interesting communication by Dr. SNOW, City Registrar, of Providence, R. I., describing a limited epidemic of smallpox and varioloid which appeared lately in that city. The statement that all the cases recovered without a particle of medicine being taken, may excite surprise in some readers and indignation in others. Many will doubtless consider Dr. SNOW as a thorough sceptic in the effect of medicines in the cure of disease, and class him in the same category with the eminent SKODA, of Vienna, who is said to be so singularly wanting in faith, that he adopts, in all his patients in succession, the most vaunted modes of treatment, in order to show that no one method has any superior power over any other, in subduing or curtailing disease. While we believe that there is some exaggeration in this statement, we are nevertheless willing to admit that the celebrated professor of Vienna, in common with many other physicians of high reputation, both abroad and at home, is chary of the employment of medicine as a direct means of *cure* of disease.

An equal amount of scepticism, as to the powers of medicinal agents in the cure of many acute diseases, is by no means of recent occurrence among eminent medical men. Whoever will take the trouble to look over the works of Sydenham, one of the most intelligent physicians that ever lived, will find that he was accustomed to rely very little on drugs in the treatment of acute disease. In his directions for the care of smallpox patients, he rather points out the evils of over medication, than insists on the employment of remedies. Indeed, with the exception of occasional venesection and mild opiates, his treatment of that disease consists almost wholly in the regulation of the diet and temperature, and in carefully watching for complications which might require more active interference. The same may be said of his treatment of measles, which in the ordinary, uncomplicated form of the disease, is as completely expectant as that of any modern authority. The following details, in the case of five or six children in one family, who were ill with this disease, will serve, says Sydenham, as a sample of his method of dealing with measles:—"I ordered them to keep their bed for two or three days before the erup-

tion, in order that the blood might follow its natural bent, and eliminate, through the pores of the skin, the more separable particles that were causing the disease. I allowed neither fire nor bedclothes beyond what they had been used to in health. I forbid meat, permitting only oatmeal porridge, barley-broth, and now and then a roasted apple. Their drink was weak small beer, or milk mixed with three parts of water. The cough, as usual, distressed them. For this I ordered a pectoral ptisan to be taken frequently. Under this treatment they wholly recovered within the usual short duration of the disease, suffering neither during its course, nor after its decline, from any extraordinary symptom."

It is not to be inferred that because a physician abstains from direct interference in a case of acute disease, he is sceptical as to the good effects of medicinal agents, although he may believe them to be often exaggerated. We presume that Skoda himself believes in the efficacy of opium in relieving pain and spasm, of iron in curing chlorosis and other affections, of quinine and arsenic in curing ague and neuralgia, of ether and chloroform in producing insensibility to pain; besides relying upon other medicines as a means of acting indirectly in the cure of many diseases. We shall never be able to cure disease, in general, without the aid of medicine; in some cases it is indispensable, in many it is of infinite importance to the comfort of the patient, when not necessary for his cure; but in nothing has the advancement of medical science been more clearly shown, than in the abandonment of active interference in ordinary cases of acute disease. That smallpox should be so treated with success, is not much more remarkable than that measles, scarlatina, typhoid fever, pneumonia, and other acute febrile affections should, in the majority of cases, recover without active treatment.

But difficult as it is to control acute disease, when it is once established, it is quite possible, in a great many cases, to *prevent* it, which is far more important. No more striking proof of this could be furnished than by the very disease under consideration. Before the discovery of vaccination, smallpox destroyed as many victims, if not more, than cholera has done in these later times; now, it is of comparatively rare occurrence, and never prevails to any extent, if vaccination is rigidly enforced. Both in Providence and in Boston it has almost ceased to exist, appearing only at rare intervals, in patients who have never been vaccinated. It is only possible to carry out vaccination thoroughly under sanitary regulations which are administered by competent boards of health. The sad experience of New York has abundantly proved this, and we hope that the efforts now making in that city for a reform in this particular may be crowned with success. In the mean time, it becomes us to see that our own sanitary laws are carried into effect with vigor.

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*The Annual Meeting of the American Medical Association.*—As the day appointed for the Annual Meeting of the National Medical Association draws near, we are sorry to learn of but very few of our physicians being about to take the journey to Louisville, for the purpose of being present. One of our most distinguished surgeons, who is going, has been looking rather blank for some days at the prospect of being companionless on his way—*quoad* professional brethren. We trust he may yet, at least "pair off," with some congenial medical individual; and that Boston may thus have, at any rate, two representatives at the Medical Congress.

From what we can ascertain, the attendance from the State at large will be but small.

We take the liberty, however, before it is too late, to urge upon the profession throughout New England the evident advantage and the undoubted pleasure which those who can go to Louisville at this time will reap—and we trust that a cohort, at least of the National Medical Army, will unfold their Eastern banners to the Western breezes!

The Annual Meeting is to be holden on the *third* of May; and on the *second*, the convention of teachers, convoked by a resolution of the National Association, for the purpose of deliberating upon the best measures to be adopted in order to elevate the standard of medical education in this country, will assemble.

If any one should propose to *pay our expenses out and back*, we should certainly go; and would promise to do all in our power to advance the interests of science and of the profession—to say nothing of making a trip to the Mammoth Cave afterward!

MESSRS. EDITORS,—In your issue of the 7th inst., speaking of the Brown case, and of the difficulty of procuring convictions for criminal abortion, you make use of the following language:

“We would suggest the propriety of changing the penalty for procuring abortion, from death to imprisonment for life.”

By the Massachusetts statute, however, in force since 1845, comparatively trivial penalties are imposed for this crime. If the woman die in consequence of the offence, here considered felony, and as homicide by misadventure already provided for at common law, it is punished by imprisonment for not more than twenty years nor less than five years in the State Prison; while if the woman does not die, the crime is considered a mere misdemeanor, and is punished by imprisonment for not more than seven years nor less than one year in the State Prison, House of Correction or Common Jail, with a fine not exceeding two thousand dollars.

As there is a diversity of opinion regarding the stringency of the present statute and its consequent efficiency in suppressing and preventing the crime, you may think it worth while to make the correction.

The interest you have so frequently shown in the subject cannot but be beneficial to the community.

Yours sincerely,

7 Chester Square, April 16, 1859.

HORATIO R. STORER.

*Cummings's Aerated Seidlitz Aperient*.—We have tried this medicine, and can testify that it is both pleasant to take and efficient in its operation. Its action, in the laxative dose, is mild and easy; as yet we have not given it in any larger quantity than what is directed for that purpose, viz., two teaspoonfuls to the half pint of water. Full directions accompany each bottle. The form in which the “Aperient” is furnished is very convenient, and the powder is agreeably flavored. Those who require a Seidlitz draught will be pleased with this preparation. It is fabricated in Portland, Me., but can be procured of “Druggists generally.”

*Health of the City*.—The chief items of interest in the mortality of the past week are the large number of deaths (6) ascribed to “old age,” which ought, probably, to be distributed under several diseases; the fatality of scarlatina, and the unusual fact of a death from smallpox, making the third from that cause since February. There was 1 death from debility, 1 from dropsy, 6 from infantile diseases, 2 from disease of the liver, 1 from marasmus, 3 from teething, all which returns are of scarcely any use in a statistical point of view. The deaths from old age were all of females, between 70 and 80 years.

*Deaths in Boston* for the week ending Saturday noon, April 16th, 62. Males, 33—Females, 29.—Accident, 1—apoplexy, 1—inflammation of the brain, 2—consumption, 14—croup, 2—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 6—scarlet fever, 5—typhoid fever, 1—disease of the heart, 2—hemorrhage, 1—intemperance, 1—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 2—marasmus, 1—old age, 6—pleurisy, 1—rheumatism, 2—smallpox, 1—sore throat, 1—teething, 3.

Under 5 years, 27—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 10. Born in the United States, 38—Ireland, 13—other places, 7.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, APRIL 28, 1859.

No. 13.

## OBSTRUCTION OF THE RIGHT AXILLARY ARTERY BY A FIBRINOUS CONCRETION.

[Read before the Connecticut Central Medical Association, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE W. BURKE, M.D., MIDDLETOWN, CONN.

MRS. L., a portly woman, aged 50, of active habits of life, had been troubled with rheumatic pains in various parts of the body for nearly a fortnight before I was called to see her, on the 13th of December last. I found her sitting in her chair, complaining of shortness of breath and general lameness, but particularly of pain in the top of the right foot, and of a distressing fulness about the chest and stomach. On inquiry, I learned that about twenty-two years previously, she had suffered from a rheumatic fever, of six weeks' duration, and that since that time she had occasionally been troubled slightly, though not so much as to be confined to her bed; that for the last two years going up stairs had been attended with palpitation and distress about the heart; and, lastly, that in order to sleep, it was necessary that her head and shoulders be raised. There had also been, within a month, an increase in the size of the lower part of the chest. The bowels were in comfortable condition, the tongue but slightly furred, and the temperature of the skin not much if any above the natural standard; but the urine was scanty and red, and the pulse so rapid and irregular, as to force and frequency, as to render any attempt at counting useless, and on applying the ear to the chest, over the heart, a distinct systolic murmur was perceptible.

As she had taken a cathartic on the evening previous, and as she seemed to suffer mostly from the dropsical effusion about the heart and lungs, I directed a powder consisting of 2 grains of squill and 15 grains of nitrate of potash, to be given every fourth hour, and 20 drops of wine of colchicum in the interval. This produced relief to the breathing, but acted not only on the kidneys, but so much on the stomach and bowels as to require a suspension of the remedies. The irritability of the mucous mem-

brane was removed by bismuth and small doses of morphine, and diuretics in smaller doses were resumed. The pain in the foot continued until the 17th, when it gradually disappeared. Soon after, on attempting to get into bed without assistance, intense pain was felt in the right shoulder and arm, extending to the hand, and accompanied by cramp, numbness, and coldness of the entire limb. The pain continued most of the night, during which time it was necessary to keep the part warm by the application of bottles of hot water, and in the morning I found an entire absence of pulsation in all the arteries of the arm. As the pulse on this side had been examined the day before, I was satisfied that the change had been as sudden as it was singular. Considering the history of the case, the valvular murmur of the heart, and the tendency of the blood to an undue proportion of fibrin in rheumatic disease, I immediately came to the conclusion that fibrinous concretions had been formed about the aortic valves, and one by some means having been detached, and been carried on by the current of the circulation, had fallen into the subclavian or axillary artery, and had formed so much of an obstruction that no pulsation could be felt. Half-drachm doses of the acetate of potash were now administered every fourth hour, and about 40 drops of tincture of digitalis in divided doses in the twenty-four hours. The arm was frequently bathed with hot mustard-water, and enveloped in flannel. Dover's powder or morphine was given at bedtime to procure sleep, and five grains of blue mass added on alternate nights. The pulse in the left arm was yet so irregular as to prevent numbering, but under this treatment its rate was soon diminished, though the force was variable, and on the fourth day of the obstruction some of the harder pulsations of the heart were detected in the right radial artery. At this time Dr. Casey saw the patient with me, and confirmed the opinion I had formed of the pathology of the case.

About the eighth or ninth day, by an examination of each wrist at the same time, the pulse was found to be synchronous in the two, but the diminished volume of the right showed that only a small amount of blood passed the point of obstruction. During this whole time arterial blood has evidently been propelled into the arm, although not in sufficient quantity to make itself felt, as on passing a cord around the elbow, a considerable amount of fullness might be produced in the extremity.

The pulse was gradually brought down to 80, the respiration improved, and the ability to sleep in the recumbent position restored. Quinine had already been added to the daily remedies, and was continued, while the acetate of potash, having fully changed the chemical character of the urine, and there being no return of the rheumatic pain, was omitted.

On the 23d of January, about one month after the attack, no abnormal sound of the heart could be detected, while the pulse in the right wrist, though somewhat improved, was still very weak

and indistinct. The general health of the patient was so far restored as to enable her to go about the house, and superintend her domestic concerns, while the arm, as she said, was gaining daily in strength and usefulness.

At this present time, Feb. 17th, her condition remains about the same; on some days she says she cannot discover any pulsation in the arm, which I suppose may be owing to her particular position at the time. The action of the heart continues to be very irregular, and is only restrained by the steady use of digitalis.

In No. XXVII. of *Braithwaite's Retrospect* appears an extract from the *Edinburgh Medical and Surgical Journal*, in which three cases are mentioned, where hemiplegia followed symptoms of cardiac disease, and resulted in death in a few days. In each of these cases a *post-mortem* examination revealed softening of the brain, occasioned, as it appeared, by the plugging of the right middle cerebral artery "by a small nodule of firm, white, fibrinous looking substance, which, although not adherent to the walls of the vessel, must have rendered its canal almost, if not quite, impervious." Other arteries were obstructed in a similar manner, and the tricuspid, mitral and aortic valves were incrustated over with large, firm, warty vegetations. The author gives it as his opinion "that the existence of the fibrinous coagulum within the cerebral artery was the real cause of the changes in the brain," and in reviewing the cases, says:

"In each there was pale softening of the brain; a plug of fibrin obliterating the canal of one of the main cerebral arteries; masses of fibrinous deposit in the kidneys and spleen; and, which seemed to be the source of the mischief elsewhere, large, warty, fibrinous excrescences on the left valves of the heart."

The facts thus adduced would seem to lead to the probability that in many instances of hemiplegia, rheumatism and renal disease, terminating fatally, and yet of not sufficient apparent severity to account for such a result, the cause may be a deposition of fibrin about the interior of the heart, and its subsequent admixture with the circulation. At all events, the subject opens a wide field of inquiry as to the distinction between cases of apoplectic seizure dependent on plethora, and those resulting from inanition, dyspepsia, or disease of the circulatory organs.

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#### VOLUNTARY INFLUENCE UPON THE PULSE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The case of M. Groux, with a congenital division of the sternum, associated with a variation in the motion of the heart under changes of position in the two portions of the divided sternum, which has been investigated with so much ingenuity, perseverance and success, by Dr. J. B. Upham, of this city,  
VOL. LX.—13\*



has brought to my mind two examples of voluntary influence upon the pulse, which fell under my observation many years ago.

One was that of a student in medicine, who was exhibited to the medical class, during a regular lecture term, at Dartmouth College, N. H. By a voluntary effort, he could lessen the frequency of the pulse, until in a few moments the heart became quiet, and no pulsation could be perceived anywhere. He could thus suspend the pulse in the horizontal or erect position. He was standing with his arms hanging by his side, when the exhibition was made to the class. There was nothing abnormal either in the form of the chest, or in the position of the heart. I exhorted the young man not to trifle with this faculty by making its exhibition a very common thing; for that working organ, placed at the fountain of life, if unceremoniously interfered with in its daily duties, might retaliate by not beating any more. I have not kept track of this gentleman, and whether he is dead or alive, I know not.

The other case was that of a young lady, at a distance from my residence, of 27 to 30 years of age, who was somewhat dyspeptic, and at times a little nervous withal. She informed me that she had recently consulted a young physician, who, on feeling her pulse, promptly decided that she must be bled. As she did not relish the prescription, she requested him to examine her pulse with particular care, as she had understood that it varied very much at different times. He applied his fingers again to the wrist, while she directed her volitions to the heart. His pathological reasonings were soon confounded, by a slow and soft pulse. What he should do, he did not know. He did not dare to bleed, and as he had thought that bleeding must be preliminary to the administration of certain medicines, his entire plan of treatment was demolished, and he at length came to the conclusion to do nothing; a course which can be earnestly recommended to every physician, while he is undecided what to do. Thus the patient got the upper hand of her doctor, and came off probably as well, or better, than if blood had been drawn. During my stay, I repeatedly tested her power of voluntarily softening her pulse, and rendering it slow. I did not learn from her that she had ever suspended the pulse altogether. I never saw her afterward.

*Boston, April, 1859.*

R. D. MUSSEY.

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#### PROPYLAMIN.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The attention of the medical profession having been called to propylamin as a remedy in rheumatism, some notice of its chemical character, nature and origin, may not be without interest to your readers.

Propylamin belongs to a most remarkable series of homologous

bodies, of which ammonia is the starting point. Propyl, found in the first or methylic series of homologous compound radicals, is an oily liquid, boiling at a temperature of about  $130^{\circ}$  F., having a formula  $C_6 H_7$ . Propylamin is formed by the addition of one equivalent of propyl to amide,  $N H_2$ , which is ammonia  $N H_3$ , minus one atom of hydrogen. The propyl takes the place of the hydrogen atom in ammonia, and propylamin is formed. The whole series in which it is found bear a striking resemblance to ammonia, and yet they are widely different in chemical constitution.

The first in the list, methylamine,  $C_2 H_5 N$ , is a gaseous body largely absorbed by water, has a pungent smell like ammonia, and can hardly be distinguished from it. The next, ethylamine,  $C_4 H_7 N$ , is only a degree less like ammonia, being highly volatile, with a similar pungent odor. The next in order, propylamin,  $C_6 H_9 N$ , in physical characteristics and behavior varies still wider from ammonia, but the resemblance is still so striking that physicians may regard the liquid as made up in part of that body, while in fact it is not, and, as has been remarked, its chemical constitution differs from it in a most remarkable degree. Thus the formula is for ammonia  $N H_3$ , propylamin  $C_6 H_9 N$ .

There is no department of chemistry more interesting and wonderful than that relating to these homologous compounds, and the infinite series to which they give rise. Their therapeutic value is imperfectly understood, and its study offers a rich field for experiment and research.

Propylamin is a clear, transparent liquid, having a pungent, ammoniacal, alkaline taste and smell. A feeling of causticity is produced, when a portion is rubbed between the thumb and finger. It may be derived from a variety of sources—from ergot, cod-liver oil, bone oil, human urine, &c., but most properly, for medicinal purposes, from herring pickle. When a quantity of old pickle is treated with a strong solution of potassa, a pungent odor, like ammonia, is evolved, which is propylamin liberated from its combination with an acid in the liquid. The neutral solution must be quickly distilled, and the process continued so long as the fishy odor is observed. The distillate is then saturated with hydrochloric acid, evaporated with much care to a dry crystalline mass, then treated with absolute alcohol, until the whole of the propylamin salt is dissolved out. A second careful distillation with hydrate of lime affords a small portion of pure propylamin. I have found that nearly all that should be used for medicinal purposes, comes over without the application of heat, or from slight warming. Imperfectly or unskillfully prepared, the remedy will prove worthless, while fresh specimens of *true* propylamin may possess great medicinal value.

The virtues ascribed to propylamin, in the cure of rheumatism, and affections of a rheumatic origin, are extraordinary. Dr. Avenarius, of St. Petersburg, has treated (according to a notice trans-

lated from Bouchardat's *Repertoire de Pharmacie*, by Prof. Procter, for the *Journal of Pharmacy*), 250 patients in the hospital of Kaulinkin at St. Petersburg, between March, 1854, and June, 1856, and in acute cases the pain and fever *always disappeared the next day*. He regards it "as a true specific for the various affections of rheumatic origin." The diagnosis of these diseases being often very obscure, one can succeed (says M. Awenarius) by the use of propylamin in bringing to light, in a few days, the true nature of the malady. It is stated to have been employed in outside practice with equal success.

Although the claims for the new agent may be, and probably are, extravagant, still, should it be found to have, in any measure, control over the specific disease for which it is recommended, it will indeed be a blessing to a suffering class of patients, and therefore merits a trial at the hands of the profession.

The remedy is prescribed in the following manner: R. Propylamin, gttss. xxv.; distilled water, fʒvi.; and when necessary, add oleo. sacch. peppermint, ʒij. Dose—a tablespoonful every two hours.

JAS. R. NICHOLS.

7 Central St., Boston, April 16, 1859.

#### MOTHERS AND INFANTS—A REVIEW.\*

[Communicated for the Boston Medical and Surgical Journal.]

THE author of this book is a distinguished physician in Paris, whose researches and works have given authority to his name in the specialty of which he treats. "Being entrusted by Louis Philippe with the choice of a nurse for the infant Count of Paris, at a time when several nurses had been tried without success, he devoted himself to a series of severe studies upon the microscopic appearances of the milk. The results at which he arrived, and the success attending their application in practice, gained for him at a very early age the Decoration of the Legion of Honor, and the office of Inspector General of the Schools of Medicine in Paris. These results, with the author's views upon the general treatment of children, have been embodied in this work."

The translation now given to the public is made, as we understand, by a medical gentleman of this city, in every way qualified for the task, who within a few years past has left the studies of the profession for more congenial literary pursuits. The public are indebted to him for giving them a concise but systematic work, adequate to solve the doubts and remove the difficulties of physicians, and of parents themselves, in regard to the highly impor-

\* Mothers and Infants, Nurses and Nursing. Translated from the French of a Treatise on Nursing, Weaning, and the General Treatment of Young Children, by Dr. Al. Donné, late Head of the Clinical Department of the Faculty of Paris, Inspector General of the Schools of Medicine, Counsellor of the University, Private Professor of Microscopy, &c. &c. Boston: Phillips, Sampson & Company. 1859.



tant subjects of which it treats. Its general circulation will do much to correct the erroneous notions which too frequently prevail in regard to the nursing, the weaning, the care and the physical and moral education of infants.

After a few general remarks on the conduct of pregnancy, the author proceeds to the investigations which are immediately pertinent to his subject, commencing with the character and qualities of the secretion which precedes the establishment of the true milk, and which is commonly called *colostrum*. From the examination of this fluid he professes to determine the prospective character of the milk which is to follow, and the consequent aptitude of the woman to become a good nurse or otherwise.

On the general question, whether mothers should nurse their own children, the author adopts the conclusion already arrived at by the natural good sense and even instinct of the whole world. But on the exceptional cases, where the health of the mother or infant renders a departure from this rule necessary, Dr. Donné gives valuable and discriminating instructions. He moreover considers it beneficial both to the mother and child that the latter should not be allowed to nurse during the night.

"Sleep, and one which is calm, deep, and sufficiently prolonged, is still more necessary for the reparation of the strength than food itself. We see *some* women, having little appetite, and eating but little, during the whole period of nursing, who are, notwithstanding, pretty good nurses—whose children thrive pretty well; but I do not fear to affirm that the want of sleep, or that an imperfect sleep, inevitably and rapidly brings on a loss both of strength and of milk, particularly with ladies of a constitution always more or less nervous. Herein lies, beyond all doubt, one of the most frequent causes of the derangements which oblige a great number of young mothers to give up nursing their children. \* \* \* \* \*

"The first rule for ladies who wish to nurse, is to give up doing so during the night. We write for the majority, and not for the few exceptional cases, very rare in cities, of women possessing all the force and all the healthful vigor of the most robust country women. This precaution is essential not only for the mother, who would often ask for nothing better than to sacrifice herself, but also for the child; for the sacrifice of the mother soon reacts in all its force upon the nursling, whilst, on the other hand, he profits by all which benefits the mother. It is, then, for the good of the child that I recommend, as a general thing, the suspension of nursing during the night.

"It would be a great mistake to suppose that infants suffer by this treatment, or that they are at all the losers by it. So far from this, sleep is no less essential to them than to the mother, and it is, in all cases, a very good habit to give them, to teach them to sleep continuously, for a fixed time, and without awaking at too short intervals.

"Is it necessary to say that we do not mean the whole night through, however long it may be, reckoning, whether in summer or in winter, from the moment the sun sets to that when it reappears above the horizon? It is evident that such an interpretation would be absurd.

“What I mean is, that the mother should have at least six to seven hours of continuous, uninterrupted sleep, from eleven o'clock at night, or from midnight, for example, until six or seven o'clock in the morning. The mother can then nurse her child for the last time during the day a little longer or shorter time before going to sleep, and begin again early the next morning, without omitting, of course, to take additional sleep afterward, if such is her habit, or if she feels the need of it.

“But will the child wait, however young he may be, and from his earliest existence, during this long space of time, without taking anything? Of course not. Diluted cow's milk should be substituted for that of the mother every time he wakes up; and this will not happen more than two or three times during the night, if he is in good health. We shall see what course is to be pursued under accidental circumstances, and in case of indisposition or sickness. It will be foreseen that, in this plan, I have in view another condition.”

But there are many mothers with whom nursing becomes inexpedient and even impossible. In this relation the author says a hired nurse becomes a necessary evil which we should accept, though never prefer, unless some important reason renders it indispensable. On the subject of the selection of a nurse, he gives many wise and useful directions as to the physical and moral traits of the candidate, and the modes of testing the same, but seems to lay the greatest stress on the actual character of the milk as developed under a scientific examination. For ourselves we are accustomed, with the rest of the world, to lay stress on the apparent health of the nurse, the quantity of her milk, and especially the good condition of her own infant, as well as her success in previous nursings. But Dr. Donn  is not content with these approximative evidences, and enjoins a scientific and even a microscopic examination of the milk whenever it is possible.

“The milk is composed of several distinct parts. Of these parts, some are in a dissolved state, as sugar exists in a state of solution in the water we have dissolved it in; other parts are in a solid state, and float in the liquid in the form of very fine atoms. The parts in solution are principally *caseine*, which is the basis of cheese, a particular kind of sugar, which is known by the name of sugar of milk, and a great number of saline substances necessary to the constitution of animals. The solid parts held in suspension have but one single nature; this is the fat or buttery part of the milk—that which produces butter properly so called. We may obtain, then, a just idea of the constitution of this liquid, if we look upon it as a soft, liquid substance, a kind of *loch*, in which caseine, sugar, &c., are dissolved, and in which the fatty or oily substance is distributed in small, rounded atoms.

“These different parts, being mixed together, are not distinguishable by the naked eye; but, if we spread out a drop of milk upon a plate of glass, and examine it by means of a microscope which magnifies objects about three hundred times, a multitude of round, transparent grains will be seen, like small pearls, swimming in a transparent liquid. These little balls, of which it would often require more than

a hundred, ranged side by side with each other like a string of beads, to form the length of a line (one twelfth of an inch), are what are called the milk-globules; and it is ascertained, by the aid of chemical agents, that they are formed of fatty or buttery matter. It is these, in fact, which by their union, effected by means of the operation of churning, form butter. In milk that is pure, and without mixture, these globules are absolutely the only matter discoverable; they are perfectly well defined, glistening, floating freely in the liquid, and of all dimensions, from the smallest point up to a considerable size. Were this the only fact to be determined, it would be important to ascertain it, since pure milk, obtained under the most favorable circumstances from the best nurses, never presents any admixture with other substances. It is, then, an unfavorable indication, and one which demands attention, when there are found in the milk other atoms than the milk-globules properly so called, as happens under circumstances which we shall soon make known. \* \* \* \*

“The number of globules contained in this fluid represents pretty exactly its richness and its nutritive qualities; that is to say, the more of these globules a milk contains, the richer and more substantial it is, the caseine and the sugar being themselves in proportion to the quantity of milk-globules which represent the fatty or buttery part. We can understand, then, how microscopic investigation enables us to appreciate the greater or less degree of richness of the milk, from the greater or less number of globules discovered in it when submitted to the microscope; and there is so great a difference in different milks, that this method suffices, with a little practice, to enable us to class them, arrange them according to their relative richness, and choose those which present the most suitable qualities in this respect. The differences are sometimes so marked that they strike the least practised observer—one milk presenting a prodigious number of globules, all regular, well formed, and of good size, whilst in another they are very small and infrequent, and present the appearance of a fine and light dust scattered throughout the liquid.”

It is the common belief that milk which has been pent up in the breast for a long time becomes denser and more gross, in consequence of the absorption of some of its more fluid part. But, according to the experiments of M. Péligot, cited by the author, precisely the reverse is the case.

“The result of his analyses is, that the longer the milk remains in the breasts the more transparent and watery it becomes. This is exactly the reverse of what takes place for all the other secretions of the human system, in which the liquids secreted are seen to become more consistent and thicker in proportion as they remain a longer time in their receptacles. Thus the bile and the urine become denser by a prolonged stay in the organs in which they accumulate; and it is the same for all the other fluids, those even which are accidentally effused in the cavities or in the tissues: the more liquid part is reabsorbed, and there soon remain only the more solid elements.

“Mr. Péligot has proved that if the product of one milking—that is to say, all the milk which a cow or an ass gives at one time—be divided into three parts, in such a way as to collect it successively in three different vessels, the first milk is the most watery and thinnest, the



second is richer, and the third the most substantial of all. This result is probably only a consequence of the preceding circumstance; for it is easy to conceive that the first portion of the milk which flows out in milking an animal, has been the longest secreted—that which has remained longest in the organ—whilst the last is the most newly formed.”

The author having reinforced his opinion by that of M. Dubois, recommends the immediate discontinuance of nursing in cases of inflammation of the breast capable of determining suppuration or abscess.

“This practice is at the present time followed by all enlightened accoucheurs, and each day witnesses the decrease of the practice formerly adopted, of continuing to nurse from a breast which has become the seat of inflammatory action and of congestion. The present practice is in all respects very wise, and for the interest both of the nurse and the child. In fact, far from being favorable to the nurse, and from facilitating the clearing of the breast, as was formerly imagined, and as is still believed by many persons, the suction of the child only accelerates the inflammatory action, and aggravates the malady. The best precaution is to immediately leave the breast in repose, to cover it with soothing poultices, &c.”

In regard to the control and treatment of wet nurses, many judicious instructions are given. For ourselves, we believe that the good character and quantity of the milk is best promoted by keeping the nurse healthy and happy. Employers are often too jealous of the temporary absence of the nurse for short occasions, and even of her natural yearnings after her own infant. We have seen, in many instances, the most promising breasts give out, and the milk and health decline together, simply because the nurse was deprived of air and exercise, imprisoned at home, and left to pine after her own perhaps sickly child deserted to the mercy of strangers. It is far better to allow the nurse to visit her own infant, by a long walk every day, and even, if circumstances are favorable, to impart to it a portion of her superfluous milk, rather than to create a sickly mother and two starved children by an injudicious and coercive vigilance. A little proper indulgence to the maternal instincts of the nurse will, in a short time, reconcile her to her new home and to her adopted charge.

Many salutary directions are given in regard to the weaning, the diet, and the education, moral and physical, of young children. We dissent, however, from one part of the system, which allows the habitual use of wine, even in the smallest quantities, to healthy children. In our observation, it seldom fails to engender an irritable and inflammatory state of the system, aggravating the character of the attacks of acute disease to which childhood is liable. The translator has wisely appended to this part a qualifying note.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL  
IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 28th.—*Membranous Croup; Tracheotomy; Expulsion of Membrane; Death.* Case reported by Dr. GAY.

Saw William —, æt. 3 years 11 months, in consultation with Dr. Gould, at 8½, A.M., January 21st, 1859.

The patient then had every symptom of confirmed membranous croup, in an advanced asphyxiated stage, and apparently moribund. It was immediately decided to perform tracheotomy, and as the general sensibility was in no measure blunted, a small quantity of ether was inhaled, and the operation was done at 9, A.M., with the assistance of Drs. Lewis and Gould. The moment the trachea was opened and the air freely admitted into it, a very sensible change in the patient was observed. After a faint inspiration and nearly noiseless expiration, a fuller, stronger and longer inspiration followed, attended with the usual coughing. The coughing increased, and four or five long pieces of flat membrane were expelled through the opening of the tube, or removed by the forceps or sponge. In a short time the coughing subsided, and the respiration became easy and quiet. The pulse became stronger, 120. The color of the lips and cheeks, and the general temperature of the body, were more natural. About two thirds of a teaspoonful of a thirty-grain solution of nitrate of silver was then syringed into the trachea through the tube. There was an instantaneous coughing and expulsion of membrane and much tenacious mucus through the tube. Some of the membrane was tubular. A great relief to the patient was soon apparent. Directions were then carefully given about the treatment, and particularly with regard to the atmosphere of the room, the temperature, the cleaning of the tube and the injection into the trachea.

Saw the patient again about 11, A.M. He was comparatively very comfortable. The breathing was easy and with but little difficulty. There had been more or less coughing and expulsion of membrane. The mother, who was very poor, had followed some of the directions as well as she could under the circumstances. In the same room was another sick child, requiring occasional attention, and a restless, crying infant. Besides these children, there was a deaf, partially sick sister, who was more of a hindrance than help to her. The mother was afraid to try the injection. I showed her again the manner of doing it. The tube had been cleaned every hour, and was found much obstructed each time.

Saw the patient again at 5, P.M., and found him pretty comfortable. The respiration was easy, not rapid nor noisy. The pulse was 110, and of fair strength. Had some thirst and some difficulty in swallowing. The cough was not very frequent. Membrane and firm mucus continued to be expelled. The injection of a twenty-grain solution of nitrate of silver was again employed, and many strips of membrane were expelled through the tube.

At 11, P.M., he was sleeping very quietly, and had been so upward of an hour. Waited for him to wake up, then used the injection, which was followed by great relief. On leaving the room, I tried to

impress upon the mother the necessity of again using the injection at 4, A.M., on the next day.

Saturday, Jan. 22d, 9, A.M.—On going into the room, three or four persons were seen standing around the bed. The mother came toward me crying, and said her child was dying. On my asking how he had passed the night, she said he was very comfortable indeed until four or five o'clock, when the breathing was difficult and labored. She did not remove the tube till six o'clock, when it was found almost blocked up. After it was cleaned, the mother attempted to replace it, but the child would not permit it. She accordingly left it out. She had not used the injection. The child was now in a very desperate condition, tossing about and struggling for breath. There was also a cold moisture on the face and chest. Some hot wine and water was given, and then the injection was tried. It produced scarcely any irritation or coughing. An unfavorable prognosis was now very manifest.

12, M.—The child is failing. The injection was used, but it produced no effect whatever. The pulse is very rapid and feeble.

2, P.M.—Failing. No cough for more than two hours.

He continued growing weaker, and at 5, P.M., he died very easily.

We cannot but think that the death in this case was very materially hastened by the inattention, neglectful or otherwise, to the cleaning of the tube and the use of the injection. Perhaps the same result would have occurred under any circumstances, even though there had been a constant and responsible attendant, and one who would have carried out all the necessary details of the directions. Still, it will be allowed that, under the circumstances, he had by no means a fair chance, and it may be a question whether or not it is prudent and advisable to do the operation where the proper after-treatment cannot be faithfully and effectually pursued. Such cases increase the number of the deaths, and, statistically, may bring the operation into undeserved discredit. Tracheotomy is a primary and very prominent element for a successful issue in these cases, but it is by no means the only one. Any one, at all familiar with the progress of these cases after tracheotomy, even when terminating successfully, is fully aware of the urgent necessity of attention to the details of treatment, and of the suddenness and rapidity with which the calibre of the tube may be diminished and obstructed by membrane and tenacious mucus. If these obstructions are not removed, asphyxia and death may supervene quickly.

MARCH 28th.—*Chronic Laryngitis; Tracheotomy.*—Case reported by Dr. CABOT.

The patient, M. A. P., aged 20, married, came as medical out patient Dec. 20th, 1858. There was at that time loss of voice, hoarse cough, general redness of the fauces. On the 31st, there was great dyspnoea; hard, stridulous breathing; dry cough; spasm of glottis, increased by efforts to speak. The symptoms increased in severity till her entrance into the Hospital, Jan. 24th, 1859. She had slept none since the 18th, respiration being with great difficulty carried on by the voluntary muscles. Pulse 140; color dusky; severe cough, raising mucus mixed with pus. Tracheotomy was performed, and gave immediate relief. An opening was made below the cricoid, and a double tube introduced, with an opening on the upper side of the outer tube. Next day she was quite comfortable. Expectoration and breathing freer.



On the 27th, the patient had some appetite, and had slept well under the influence of ten grains of Dover's powder. The cough was less troublesome.

Feb. 1st.—There was marked improvement; the patient had slept well. Pulse 104. Sat up several hours. The inflammation and soreness of the wound had disappeared.

5th.—On examination with the finger, Dr. Cabot found the epiglottis thickened. A solution of tannin, in the proportion of a scruple to the ounce, was ordered to be applied on the probang three times a day.

10th.—On withdrawing the inner tube, and closing the outer tube with the finger, the patient was able to speak considerably above a whisper. A cork was kept in the tube an hour at a time, and she breathed quite easily.

15th.—Granulations protruded through the fenestrum in the tube, which is consequently set lower down.

17th.—Fenestrum was again altered, and she could speak loud enough to be understood across the ward. The cough had disappeared. Appetite and general health good.

22d.—On examination, the epiglottis seemed almost normal in thickness and quite healthy.

26th.—The tube was removed. Patient breathing and speaking easily when the opening is closed. The cork was kept in the tube 48 hours continuously without difficulty.

27th.—The opening had entirely healed. No trouble whatever experienced, except after exercise, when she has slight dyspnœa.

March 13th.—Well. No dyspnœa; voice better, but still husky.

### Bibliographical Notices.

*The History of Prostitution; its Extent, Causes, and Effects throughout the world.* Being an official Report to the Board of Alms-House Governors of the City of New York, by WILLIAM W. SANGER, M.D. New York: Harper & Brothers. 1858.

OUR tardy notice of Dr. Sanger's work cannot enhance its success, for the book is a success *per se*. From the advantages enjoyed by the author in his official capacity, as resident physician at Blackwell's Island, New York City, we had a right to expect much in regard to his delineations of the extent of vice in the City and County of New York. But the Doctor has done more. After having stated, in his able introduction, the reasons for writing this work; that propriety, expediency, public safety, private interest and common sense demand an investigation of this delicate subject; that it is the duty of every layman as well as every physician, public man and philanthropist, to advance boldly to the examination of the sources of this evil, which raises its trembling hands, exhibits its tottering frame, and lifts its puny voice every where; and having finally ably vindicated himself from the charge, that a subject, which is the world's scorn, had better be left to take care of itself, the author lays open to us the secret history of crime of the various nations of the globe, from the earliest period down to the present.

To accomplish this, much patient research was required. Egypt, Syria, Asia Minor, Greece, Rome, France, Italy, Spain and Portugal,

Algeria, Belgium, Hamburg, Prussia, Denmark, Russia, Sweden and Norway, Great Britain, Mexico, Central and South America, and lastly, and not the least, the United States—turn whither you please—each and every people on the inhabited globe furnishes more or less sufficient facts and evidence, to make up the long catalogue of human depravity and wickedness.

Arguments are unnecessary to prove the existence of prostitution. The existing and recorded facts are too palpable to need defence. None of our neighbors can shroud themselves in their innocence, but nevertheless, a great difference does exist among the various nations, owing to various causes, no doubt; but it is no small compliment paid to the Swiss nation in this book, to be able to say that the inhabitants of the little Republic stand foremost in moral rectitude, whilst our great Republic almost closes the mournful procession with an access of numbers, brought to the great army of wrong-doers.

But comparisons do not remedy the evil. If history and experience prove—and it is proved in the book before us by actual experiments which have been made—that prostitution cannot be suppressed, the question arises whether civilized communities cannot regulate the evil, and direct it into channels where it can be encountered, arrested and weakened. This experiment has been tried in Paris, Berlin, Hamburg and Leipsig. It has proved eminently successful. The system of registration and surveillance of prostitutes and brothel-keepers in Paris and Hamburg particularly, are models of their kind; and no one will deny the great decrease of syphilitic disease in those cities, as a necessary consequence. The book before us has been written to urge upon the public the necessity of inaugurating a similar system in New York, where the evil is on the increase every year! Something needs, indeed, to be done! Look at the comparative figures. New York, with a population of 700,000, has, according to the lowest estimate, from 6,000 to 7,860 prostitutes, whilst Paris, with a population of 1,650,000, has only 4,500 or thereabouts, according to the latest returns; Berlin, with 380,000 inhabitants, has about 1,200; Hamburg, with 180,000 inhabitants, has from 512 to 600; and London, with her 2,500,000 souls, some 8,600 prostitutes if not more. New York, then, in proportion to her population, has a greater ratio of these unfortunate women than any other city. Nor are other cities in the Union free from this state of things.

From prostitution emanates the plague of syphilis. The actual extent and increase of venereal disease is another illustration of the progress of the evil. We quote from Dr. Sanger's report to the Governors of the Alms-House. The number of these cases at the Hospital on Blackwell's Island, was, in 1854, 1,541; in 1855, 1,579; in 1856, 1,639; and in 1857, 2,090.

Dr. Sanger remarks, in relation to the above figures:—"This steady increase,  $21\frac{3}{13}$  per cent. in one year, and  $14\frac{4}{10}$  per cent. in the next, or  $35\frac{7}{10}$  per cent. within two years, may be considered an incontrovertible proof of the progress of this malady in the city of New York. The fact that the people regard the Penitentiary Hospital as a dernier resort, an institution to which nothing but the direst necessity will compel them to apply, justifies the conclusion that the cases treated are but a fraction of the disease existing, and its increase here may be taken as a sure indication of a corresponding or larger increase among the general population."—P. 587.

But the Penitentiary Hospital on Blackwell's Island is not the only public institution in New York where venereal cases are treated. We copy here the table of the cases treated at the different institutions during 1857, from Dr. Sanger's work, page 593.

| Institutions.                                   |           | Cases. |
|-------------------------------------------------|-----------|--------|
| Penitentiary Hospital, Blackwell's Island,      | - - - - - | 2090   |
| Almshouse, " "                                  | - - - - - | 52     |
| Workhouse, " "                                  | - - - - - | 56     |
| Penitentiary, " "                               | - - - - - | 430    |
| Bellevue Hospital, New York,                    | - - - - - | 768    |
| Nursery Hospital, Randall's Island,             | - - - - - | 734    |
| N. Y. State Emigrant's Hospital, Ward's Island, | - - - - - | 559    |
| New York Hospital, Broadway,                    | - - - - - | 405    |
| " " Dispensary, Centre Street,                  | - - - - - | 1580   |
| Northern " Waverly Place,                       | - - - - - | 327    |
| Eastern " Ludlow Street,                        | - - - - - | 630    |
| Demilt " Second Avenue,                         | - - - - - | 803    |
| Northwestern " Eighth " "                       | - - - - - | 344    |
| Medical College,                                | - - - - - | 207    |
| King's County Hospital, Flatbush, L. I.         | - - - - - | 311    |
| Brooklyn City Hospital, Brooklyn, L. I.         | - - - - - | 186    |
| Seamen's Retreat, Staten Island,                | - - - - - | 365    |
| Total                                           | - - - - - | 9847   |

Dr. Sanger continues: "It is, however, reasonable to suppose, that the cases recorded are but two thirds of the aggregate; the numbers would therefore more correctly stand thus:

|                                        |           |        |
|----------------------------------------|-----------|--------|
| Cases recorded in public institutions, | - - - - - | 9847   |
| Cases not recorded, " "                | - - - - - | 4923   |
| Total                                  | - - - - - | 14,770 |

cases in the year 1857 in public institutions." (Page 594.) Add to this the cases treated in private practice. It is difficult to form a correct estimate of these. But if, according to Dr. Sanger, it be assumed that the private cases of venereal disease equal in number those treated in public institutions, an aggregate is obtained of more than 29,500 cases every year. If the former are double the number of the latter, the sum will be over 44,000 cases per annum. Either of these conjectures is below the truth, and we are satisfied, from professional experience and inquiry, that there is no exaggeration in estimating the number of patients treated privately every year for lues venerea as at least quadruple the cases receiving assistance in hospitals and charitable establishments. *The result is the enormous sum of seventy-four thousand cases every year.*" (Page 596.)

Dr. Sanger devotes considerable space to the amount of expenses incurred, through prostitution, by private individuals, public and private charitable institutions of all kinds in the city and County of New York. The footings of the several columns show the total expenses to be, weekly, \$145,467; yearly, \$7,036,075; or *seven millions of dollars!* or nearly as much as the annual municipal expenditure of New York city. This enormous sum, brought as a sacrifice to vice and crime, speaks for itself. The chapters referring to prostitution in New York will well repay a perusal.

And now for the remedy. Dr. Sanger urges strongly, and justly, too, the establishment of medical and police surveillance over prosti-



tutes and brothel-keepers, on the plan adopted in Paris and Hamburg, the separation of hospital arrangements from punitive institutions, medical visitation, and power to place diseased women under treatment and detain them until cured. Thus, if the evil cannot altogether be eradicated, the violence of its current can at least be diminished.

We hope that ere long these proposed reform measure of Dr. Sanger will be adopted in the city of New York, and no doubt other cities in the Union will soon follow the same good example, for there is great room for improvement in most, if not all of them.

Concluding these hasty remarks, we recommend to all medical men, and to philanthropists, to read this book; and we can do this so much the more heartily, since we have discovered nothing in its pages which could offend the most fastidious taste or encourage the most prurient curiosity. R.

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*Trials of a Public Benefactor, as illustrated in the Discovery of Etherization.* By NATHAN P. RICE, M.D. New York: Pudney & Russell. 1859. 8vo. Pp. 460.

WHETHER the question, who was the discoverer of anæsthesia, will be settled in the present generation, to the satisfaction of the public, may well be doubted. Another generation must, perhaps, pass away, before all can be united in according to one of the two prominent claimants the honor of this inestimable gift to mankind, second only to that of vaccination. The work before us is written to advocate the claims of Dr. MORTON. It comprises, within 460 pages, a history of the discovery, and of the efforts of Dr. Morton to obtain from the world a recognition of his right to be considered as the sole author of the discovery.

We do not propose to open our pages to the discussion of a subject which has been brought so often before the profession and the public. We have our own opinions on the merits of the controversy, but we do not conceive that the promulgation of them at the present time would be of interest to our readers, or of benefit to the one whom we consider to be the rightful claimant. We will only say that Dr. Rice's arguments appear to be forcible, and to be supported by adequate evidence; but of their value, the reader must judge.

To all who are interested in the subject of the great blessing of anæsthesia, we heartily recommend the work. It will be read with all the interest of a romance. Whichever side the reader may espouse, he will hardly pause till he has read the book through. We are sure it will find readers enough.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 28, 1859.

SANITARY CONVENTIONS.—DR. H. G. CLARK'S REPORT ON THE INTERNAL HYGIENE OF CITIES.

SANITARY Conventions, when they attain the ends for which they are called, must ever prove blessings to the community; and it is greatly to be desired that in these and all cognate assemblies, the brief time allotted to the consideration of the important topics which come be-

fore them should be scrupulously thus devoted. At the meetings of the National Medical Association, and of our State Society, too much time is often consumed in debating points of order, or in getting up, and subsequently adjusting, professional or even personal disputes. "The man who is great on the by-laws" is, moreover, always present on such occasions; and individuals who would else never be heard of, seize the opportunity to shine in the particular department in which alone they are gifted. Time—and especially such time as physicians take with no little difficulty from their engrossing avocations—for medical deliberation—is far too precious to be thus wasted.

It is a noteworthy fact that attention has only within a year or two been called to the subject of PUBLIC HYGIENE, with that particularity which the vital interests connected with it continually demand. We have lying upon our table, at this moment, the "Minutes of the Proceedings of the Quarantine Convention," holden at Philadelphia in 1857, and also a similar record of the "Quarantine and Sanitary Convention" which was held at Baltimore, April 29, 1858. These important meetings we have previously alluded to in our pages; but we are happy to have the opportunity again to bring forward the general subject, and especially to notice one of the results of the last named meeting.

By a resolution offered at the session of April 30, 1858, "the Sanitary Committee, or Committee on Internal Hygiene," was instructed to prepare and report to the next meeting of the Convention "some detailed and specific plan for regulating the internal sanitary condition or hygiene of cities, which shall embrace all the subjects which may properly come within the province of preventive medicine."

The above duty was assigned to Dr. Henry G. Clark, our City Physician, who has drafted "A Sanitary Code for Cities," which is to be presented as his Report, in accordance with the resolution previously cited.

We are favored with a copy of this most complete and minute document. It is printed in admirable and tasteful style, by Messrs. Rand & Avery, Printers to the City of Boston; and it is not only creditable in every respect externally, but will enhance the already established reputation of Dr. Clark as a hygeist, a physician, and an author. The Code, if adopted—as we cannot doubt it will be—will be a most efficient and valuable instrument. We will advert to a few of the more prominent points in its provisions, regretting that we must pass over very many others of exceeding interest, for lack of space to present them.

By the Table of Contents attached to the "Code," it may readily be judged that the closest scrutiny and care have been exercised in deliberating upon the subject. Thus we have, to begin with, a Public Health Act; then, in succession, the following subjects are codified, under the title, SANITARY CODE FOR CITIES:—Sanitary Survey; Sewerage; Cleansing; Slaughter Houses; Markets; Dram Shops and Drinking Houses; Lodging Houses; Cellars; New Streets and Houses; Supply of Water; Ventilation; Pleasure Grounds; Epidemic and Contagious Diseases; Vaccination; Interment of the Dead; General Provisions. An Appendix follows, in which is presented a form for the Report of a Health Officer or Inspector.

The body of the Report is comprised within twenty-three pages, quarto. The Ordinance is intended to be "cited for all purposes, as 'The Sanitary Code' for Cities."

Under the heading "Sanitary Survey," wise provision is made for an annual, thorough examination of towns or districts; and a like inspection is ordered whenever the Registrar reports the number of deaths, annually, as over twenty-five to each one thousand inhabitants.

All nuisances discovered are to be indicated by summary notice to remove the same, to those residing upon the premises; in failure whereof, the Medical Health Officer will instantly discharge the duty himself, the neglectful residents being made liable for expenses incurred in said removal.

A clause provides for a sewerage map—should the Board of Health deem it desirable—and tax-payers are to have an opportunity of inspecting the same. The sewers are to be wholly under the control of the Board of Health; and, on page 11th, we find an elaborate provision for the proper and efficient drainage of dwellings.

Farther on, we are glad to remark the care which is taken to refer to the over-crowding of tenements; and excellent restrictions are imposed upon this and several kindred sources of disease. This is a subject upon which a faithful City Physician must be not only at home, but also exceedingly alive to its great importance; and in this view, such a Health Officer is eminently qualified to draw up a document of the sort we are now examining.

We come next to a very essential appurtenance of the body politic—viz., the grand caterers to the body physical—the markets. And here we observe, with satisfaction, that Dr. Clark has entered into the joints and marrow of the matter before him. Visits by the Health Inspectors *ad libitum*, "at all reasonable times," are stipulated for; also examinations of articles of provision exposed for sale; and—the crowning merit of the clause—an injunction for the seizure and destruction of whatever articles are adjudged to be unfit for food.

Amongst many capital recommendations, in this particular connection, which we cannot specify, we are delighted to observe the following, which we quote at length, and to which we give our most unqualified commendation:—

"XXXII. No person shall sell any adulterated or unwholesome food or drink; and if, upon being notified by the Board to discontinue such practice, he shall neglect or refuse to obey such order, he may be ejected from the precincts of the market, and such articles of food or drink may be seized and destroyed.

"XXXIII. If any person shall falsify any milk, by adulteration with water or otherwise, or by the abstraction of its cream or any other substance originally belonging to it; or, if any person having reason to believe it to be so falsified, shall sell the same or cause it to be sold; he shall be liable to have it seized and destroyed, and to fine and imprisonment, and to have placards, stating his offence and the sentence imposed, posted up at his place of business or elsewhere as the Board may determine. This shall also apply to milk from diseased cows.

"XXXIV. All bread shall be sold by weight. And if, on examination by the proper officer, any of the loaves are found to fall short of the weight required by the Board, the whole may be seized and distributed to the poor."

These provisions are admirable; and we rejoice to see that the spirit is at least born into our republican atmosphere, which has long lived, flourished, and meted out justice among the people of older countries. It is one thing, among many, which certain of the much-decried monarchies of the Eastern world may pride themselves upon, and which we may well imitate, albeit tardily.

The proviso of selling *bread* by weight, reminds us of another article of food, about which we have held, for a long time, similar ideas,

and cherished strong wishes; viz., *eggs*! It is notorious that these delicious edibles vary to a very great extent in size; and consequently when we buy them by the dozen, we get cheated when they are smaller, and the dealer suffers when they are larger, than the ordinary size. Why not sell them by weight? We ask this, notwithstanding that we lately found, on opening our boiled egg at breakfast, two yolks in one shell—a thing never impossible, but passing infrequent—would it did happen oftener!

We have barely space to add our impressions upon Dr. Clark's recommendations in respect to the "supply of water" in cities. And first, the mention of the use of this precious—and, alas! too frequently wasted—element for public baths and wash-houses, strikes us very favorably. The health of the people, in cities particularly, would be greatly benefited thereby, and, under proper restrictions, the advantages of bathing could thus be afforded at a moderate charge, and without taking too largely from the supply needed for other purposes.

Secondly, the penalty-clause, respecting fouling or wilfully wasting water, is an exceedingly proper one, and deserves full enforcement.

Ventilation is duly considered, and Dr. Clark has had a large experience in this department.

We observe, with pleasure, a proviso relative to the securing, and maintaining in order, public grounds for the recreation of the people; and we trust that our own city will hold her position firmly in these respects. Let us have *municipal lungs*, and let them be kept in good order! We shall all be gainers by it.

We must pass over the other subjects which we enumerated at the beginning of this article in connection with those we have already so cursorily noticed. In taking leave, for the present, of this Report of a proposed Sanitary Code, we would again express the gratification we have felt in its perusal, and our sincere hope that it may be adopted, throughout, and become a municipal ordinance; and if possible, never be subjected to repeal in any of its excellent provisions.

THE AMERICAN OPERATION FOR VESICO-VAGINAL FISTULA.

THE *Gazette des Hopitaux*, for January 4th and 6th, contains a clinical lecture on "the operation for vesico-vaginal fistula according to the American method," delivered at the Hotel Dieu, by M. ROBERT, in which full justice is done to Dr. Hayward, Dr. Sims and Dr. Bozeman. At the request of M. Robert, Dr. Bozeman operated successfully on a very difficult case in the Hospital, and the different steps of the operation are detailed by the lecturer, who was greatly pleased with the skill of the operator, and with the success which crowned his efforts.

The lecture is quite interesting and instructive, but would not call for particular notice from us, were it not for several errors which M. Robert has been led into. In the first place, he locates Montgomery, the capital of Alabama, in Utah Territory, if we may judge from the expression, "M. Bozeman, de Montgomery (Mormons)," which would certainly seem to imply that Dr. B. had his residence among the Mormons, if he did not belong to that sect. We should be surprised that the surgeon of Hotel Dieu could have made such a mistake, did we not know what a *terra ignota* is America to most Europeans.

M. Robert ascribes the prevalence of vesico-vaginal fistula in England and America to the position in which women are placed in those countries, during labor. According to him, they are delivered *sitting*

in a chair! Where M. Robert imbibed this idea we cannot imagine but it furnishes an instance of reasoning from false premises, which is not unfrequent among French medical writers. "They are placed," he says, "in an arm-chair: the pelvis is *thus* in a dependent position, and the foetal head presses strongly against the walls of the vagina; hence the frequency of fistulæ"! We very much doubt whether vesico-vaginal fistula be more common in England and America than it is in France. The real cause of the accident, in the immense majority of cases, is neglect of the proper use of the catheter during labor.

Dr. Hayward's name is written Heyward, and Dr. Sims's is written Symes, throughout the article, but these are probably blunders of the reporter.

WE learn that M. Groux (the subject of congenital fissure of the sternum) will be in Louisville, at the meeting of the American Medical Association, on the 4th of May.

HIRSCHFELDT, the Chef de Clinique de l'Hotel Dieu, and great writer on the nervous system, has lately been appointed Professor of Anatomy in the Imperial Academy of Warsaw. The appointment is a deserved one, and is remarkable from the fact that it is the first instance of a Jew being allowed to hold office in Russia. The position was first offered to him on condition of his becoming connected with the Greek Church, which he refused, but on unanimous recommendation of the University, the condition was waived.—*Med. & Surg. Reporter.*

Health of the City.—The mortality for the past week is quite large compared with the preceding one, and presents several features of interest. The proportion of males to females is unusually large—51 to 33, though of the 24 deaths by consumption, 15 were of females. We notice 6 deaths from pneumonia; 4 of these were of male infants, the remaining two were of adult females. There were 5 deaths from cancer—1 of the lungs, 1 of the knee-joint, and 1 of the intestines (males); 1 of the throat and 1 of the stomach (females). Three deaths are recorded from bronchitis, and 3 from scarlatina. There were 4 deaths from apoplexy, and 1 from smallpox, of a male, aged 23. The total number of deaths for the corresponding week of 1858 was 65, of which 9 were from consumption, 4 from bronchitis, and 3 from scarlatina.

Communications Received.—Anomalous Disease of the Lip.—Is Scarlatina Contagious?—Fistulæ in the Perinæum.—Official Notice of the Next Convention for Revising the Pharmacopœia.

Books and Pamphlets Received.—A Practical Treatise on the Diseases of Infancy and Childhood, by T. H. Tanner, M.D., &c. (From the Publishers.)

MARRIED.—In this city, 26th inst., John P. Reynolds, M.D., to Miss J. M. Revere, daughter of J. W. Revere, Esq.—In New York, 14th inst., Dr. Geo. L. Underwood, of Boston, to Miss Kate L. Leyster, of Rossville, Staten Island.

DIED.—In this city, 18th inst., William Sawyer, Esq., M.D., 89, the oldest graduate of Harvard College, and formerly a medical practitioner in Newburyport.—At Worcester, 15th inst., Dr. Geo. B. Page, 29, late of Chicago, Ill.

Deaths in Boston for the week ending Saturday noon, April 23d, 84. Males, 51—Females, 33.—Accident, 2—apoplexy, 4—inflammation of the bowels, 1—bronchitis, 3—cancer, 5—consumption, 24—convulsions, 2—cholera infantum, 3—croup, 1—dropsy, 2—dropsy in the head, 3—debility, 2—infantile diseases, 2—scarlet fever, 3—typhoid fever, 2—disease of the heart, 2—inflammation, 1—intemperance, 2—disease of the kidneys, 1—inflammation of the lungs, 6—disease of the liver, 2—marasmus, 4—old age, 2—palsy, 2—smallpox, 1—suffocation, 1—teething, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 24—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 55—Ireland, 22—other places, 7.

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VOL. LX.

THURSDAY, MAY 5, 1859.

No. 14.

MALIGNANT PUSTULE.

[Communicated for the Boston Medical and Surgical Journal.]

THE following copy of original manuscript was forwarded by its author, Dr. Samuel B. Wells, of Middleburgh, Schoharie Co., N. Y., for insertion in a forthcoming work entitled *An Abstract of Braithwaite's Retrospect of Practical Medicine and Surgery*.

As some benefit might accrue from the communication of a few cases of an anomalous character, which have occurred during a somewhat extensive practice in the Valley of the Schoharie, I herewith transmit a short account of them, which you are at liberty to make public for the use of the profession.

In the summer of 1842, I was called to see a case of disease of the under lip, then in charge of Dr. Peter S. Swart, in the village of Schoharie. The patient was a man about 25 years of age, and had enjoyed good health up to the time of the attack, although his habits had been somewhat intemperate. Three days before I saw him, a small pimple appeared on the surface of the under lip, toward the left angle of the mouth. It commenced with swelling and redness, which soon assumed a purple hue and increased rapidly. At first there was not much constitutional disturbance, very little pain, fever, or acceleration of the pulse. In less than thirty-six hours the lip had attained four times its normal size, and had assumed a gangrenous aspect, the swelling extending downward as far as the clavicle, involving the areolar tissue, together with the integuments of the parts concerned, occasioning great difficulty of respiration, from pressure of the larynx. During the incipient stage of the disease, the patient had been freely evacuated, and an antiphlogistic regimen adopted. Externally, discutients, such as solution of muriate of ammonia and acet. plumb., had been applied. But as soon as the septic tendency of the disease became manifest, cataplasms of yeast and Peruvian bark were substituted, and a corresponding change was also made in the use of internal remedies—the infusion of serpentaria, quinine, wine and ammonia being substituted. Notwithstanding, the patient grew

worse every moment—the engorgement of the lip and the adjacent parts continued to increase until mortification ensued, when, on the following day, he died.

An interval of ten years elapsed, when I was called to see a second case of the kind: Mrs. B——, a lady of robust constitution, and who, up to this time, had enjoyed excellent health. She had been taken ill the preceding day. A small pimple occupied the surface of the lower lip, as in the foregoing case. This was accompanied with pain, redness and swelling. There was also considerable increased excitement of the system, together with much cerebral disturbance. This patient was bled freely, and general antiphlogistic measures speedily adopted. Notwithstanding, the violence of the symptoms continued unabated. During the night, the lip became greatly enlarged, and on the following day gangrene and mortification ensued, terminating in a fatal issue.

The next case, I witnessed in August, 1855. This occurred in a middle-aged lady, of good constitution and plethoric habit. Five days before I was called, a small pimple made its appearance on the under lip, to which she called the attention of her physician, who was then treating a case of fever in the family. The nature of the disease was fully explained to her by the doctor, who advised that immediate measures be taken to arrest it in its present stage.

Feeling but little inconvenience from its presence, nothing was done until the following day, by which time the swelling had greatly increased, and the lip had assumed a purple aspect. The parts having put on a low grade of inflammatory action, the patient was treated with active catharsis, and an antiseptic cataplasm was applied to the lip. These, together with such remedies as appeared adapted to the most prominent symptoms, were used. Still, the disease continued to advance, as in the foregoing cases. The lip having assumed a gangrenous appearance, its fatal tendency too soon became alarmingly evident. Mortification ensuing, the patient died three days afterward.

In the summer of 1856, Miss G., an instructress in a select school at this place, consulted me in relation to a small pimple which appeared the preceding day on the surface of the under lip, attended with redness and swelling, but unaccompanied with any other disturbance of the system whatever. With a view of discussing it thus early, I gave her an antimonial emetic, and in due time followed with twelve grains of submur. hyd., and in six hours thereafter with the black dose. These evacuated the system freely. I applied, locally, a solution of acet. plumbi. The following day there was no amendment, but, on the contrary, an increased tumefaction of the lip, with a deep purple appearance.

Having failed in arresting any one of these several cases with the ordinary remedies adapted to analogous diseases, it occurred

to me that if suppuration could be established before the vital forces of the parts became exhausted, a more favorable result might be reasonably expected. With this in view, I passed an ordinary-sized lancet from near the angle of the mouth, through the substance of the lip, transversely to a corresponding point on the opposite side. I then introduced a small strip of muslin, about three lines in width, to the extreme end of the puncture, and covered the parts with a cataplasm of yeast and Peruvian bark. A slight suppuration followed in thirty-six hours, and a speedy recovery took place in a few days.

It would be superfluous to give the details of five other similar cases which have occurred in my practice since the above mentioned. Suffice it to say, that the latter is an index of each one. They severally exhibited the usual characteristics of the foregoing cases in their incipient stage, and were readily controlled and brought to a favorable termination by adopting this plan of treatment—free incision of the affected lip, introduction of a tent, and the local application of a cataplasm of yeast and Peruvian bark to the wound, with a view to the establishing of suppuration—so successfully pursued in the case of Miss G.

I practised here twenty years before I saw a case of this kind, and presume there are many physicians with an extensive business who have never met with one.

TREATMENT OF PSORIASIS BY BALSAM OF COPAIBA.

[Translated for the Boston Medical and Surgical Journal, from the *Gazette des Hopitaux*.]

THE internal administration of arsenic, and the topical application of the oil of juniper and of tar, in the treatment of psoriasis, enjoy a certain reputation, as is well known, among dermatologists. But the local medication is but too often merely palliative, and even arsenic does not always ensure the patient against a return of the disease, while its administration, however prudently directed, is far from being always free from inconvenience. These considerations induced M. HARDY to try other means, and his choice fell upon the internal employment of the balsam of copaiba. The following details concerning the treatment now in use in the service of this physician, at the Hospital of St. Louis, are taken from the *Bulletin de Thérapeutique*.

M. HARDY generally commences the treatment in the dose of about three-fourths of a fluid drachm, which he subsequently increases to a drachm, and a drachm and a half. It is given in the morning, before eating, and in the intervals of the meals, during the day. It is continued for a considerable time, at least a month, and sometimes longer. It is generally combined with local treatment, but is sometimes employed successfully alone.

Copaiba, thus administered, generally causes diarrhœa, which is,
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however, well borne by the patients, and does not ordinarily prevent them from taking food, even with appetite. It rarely gives rise to the erythema sometimes produced by this drug. The scaly eruption generally gets well in all places at the same time, and the improvement is not always more marked, at the beginning, in the inferior extremities, as occurs in other modes of treatment. It first shows itself in the parts most lightly attacked, and from thence spreads toward the places of election. When the scales become detached, the subjacent skin is generally sound, though sometimes still a little red. Psoriasis existing in patches becomes converted into psoriasis circinata, the healing beginning at the centre of the patch; and the psoriasis circinata is transformed into *P. guttata*.

The following summary of facts, taken from the thesis of M. Paul Dupuy, one of the pupils of M. HARDY, will enable the reader to appreciate the effects of this treatment, and to judge how much benefit we can hope to obtain from it.

A patient who entered the hospital two or three months since for psoriasis, and who was treated by the ordinary remedies (arsenical preparations, baths, ointments, &c.), still retained a small patch of the disease on the left shoulder. On the 12th of February, about a fluid drachm of copaiba was substituted for the arsenical solution; in one week the patch had almost disappeared, and at the end of three weeks the patient was cured.

A second patient, aged 49 years, several members of whose family had been affected with skin diseases, had, at the age of twenty-one, an eruption of psoriasis, which disappeared spontaneously at the end of a few months. Afterwards the disease re-appeared from time to time; but since 1840, the psoriasis had constantly persisted, sometimes in one place, sometimes in another. At his entrance into the Hospital, in November, 1855, he had patches of psoriasis on the elbows, knees, loins, scalp and ears. He was treated by the arsenical solution, vapor, sulphur and alkaline baths, and ointments containing oil of juniper, and afterwards protiodide of mercury; but his psoriasis still remained, on the 28th of February following, in the form of large patches, on the elbows, knees and loins; though the scales had diminished in quantity. At this time he was placed upon the use of copaiba, in the dose of a drachm gradually increased to double that quantity. The local treatment was continued, but the arsenic was omitted. At the end of a week there was a perceptible improvement, and on the 25th of March the patient left the Hospital perfectly cured, having continued the copaiba up to that time. He was seen again on the 11th of June, but presented no symptom of relapse.

In a third patient, the affection dated from five weeks only. It consisted in psoriasis, in patches and *guttata*, having its seat on the elbows, arms, fore-arms, knees, legs and thighs, and was accompanied by severe itching during the night. He entered the

Hospital on the 8th of March, and two days afterwards was put upon the electuary of copaiba, in the dose of a fluid drachm, at first, gradually increased to a drachm and a half. On the 15th, there was a sensible improvement; the *guttæ* were smaller, and in several places had in great part disappeared. There were fewer scales, and there was hardly any itching. On the 3d of April, there was scarcely any of the disease left on the thighs, arms, and posterior part of the leg. In other places the eruption was less prominent and less scaly. On the 15th, general subsidence of the patches in those places from which the scales had become detached. On the 13th May, there was no psoriasis except on the places of election, and the front of the legs. June 1st, the left arm and leg are well; 15th, the right elbow is completely cured; there remain only a few scales on the right knee. On the 20th, the patient was discharged at his own request.

During the whole course of the treatment, the digestive functions were regularly performed, and the stools were not more frequent than usual.

FISTULÆ IN THE PERINÆUM.

[Communicated for the Boston Medical and Surgical Journal.]

MR. M., of Windsor, Ohio, æt. 72, received an injury in the region of the perinæum, several years since, which caused symptoms of stricture of the urethra; and about five years ago caused complete retention of urine. All attempts to pass a catheter proved unavailing, and after several days of intense suffering, the urethra gave way, and the result was that several fistulous openings occurred in the perinæum and scrotum. The urine passed through these openings during the act of micturition—which act was always attended with great pain and scalding; and as the patient could not retain his urine, more than from half an hour to one hour at a time, his life was one of continual suffering. There was also a profuse discharge of pus, which, with the pain and irritation, had induced great debility and hectic fever, and he was obliged to keep his bed most of the time.

When I first saw him, he had been three years in the above-described condition, and was, as he expressed it, “very anxious to be either *killed* or *cured*.”

The stricture was just below the membranous portion of the urethra, and seemed to be an inch and a half in length and of a hard, gristly nature.

I used a small-sized, flexible metal bougie, with the point rather blunt, and after repeated efforts succeeded in passing it through the stricture. The bougie was withdrawn in a few minutes and a small silver catheter introduced, and at least three quarts of urine came away with a quantity of mucus. The catheter was retained

in the urethra for several days, and only removed to clean it, and no more urine passed through the fistulæ. An injection of a solution of sulphate of zinc and also a weak solution of nitrate of silver were used three or four times; balsam of copaiba and infusion of uva ursi leaves were administered, and the patient was instructed how to use the catheter, whenever he wished. The openings in the perinæum and scrotum all healed up, and the general health was restored, but he could never pass his urine without the catheter. This patient died very suddenly in about one year, of disease of the heart, with which he had long been troubled.

WM. M. EAMES, M.D.

IS SCARLATINA CONTAGIOUS? PARASITIC DISEASE OF SCALP.

BY P. PINEO, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Scarlatina has been quite prevalent during the last two or three years in this locality. It has made its invasions alike in very elevated and low situations. The question of its contagiousness, constantly arising, led me to observe it as carefully as possible, with a view of noting the evidences *pro* and *con*; and it has seemed to me that the testimony decidedly preponderates in favor of its non-contagiousness.

This question is not only important in a scientific view, but the interests of humanity require its solution. I have repeatedly seen a family almost entirely deserted by the neighbors, because they feared the disease was *catching*, which is the popular belief.

In two of our standard works on Theory and Practice, by Dr. Watson and Dr. Wood, we are told that scarlatina is contagious. Having the highest respect for these two eminent men, and remembering a few words of that celebrated aphorism of our father Hippocrates, "*Experience is deceptive and judgment difficult*,"—I feel like stating my own observations with great modesty.

In a family numbering ten, including servants, there have been three or four cases of scarlatina, at different periods, with intervals of several months or a year, and no other member of the family took the disease, though all were exposed to it.

D. C. was attacked with the most severe form of scarlatina, and died in five or six days. Several children in the family were often in the room, and constantly exposed to whatever contagious influence there might be, but not one of them had the disease; while two families, one fourth of a mile on each side, who carefully avoided going near the residence of the patient, had several children attacked with it. Numerous instances like the foregoing would seem to prove its non-contagious character. What has been the observation of others?

In the JOURNAL of March 24th, there appears a somewhat cap-

tious criticism, over the signature "M.D.," of the paper on Parasitical Disease, which appeared in the number of March 10th. A just and generous criticism is wholesome and valuable; but it differs widely from a mere fault-finding one, and a misstatement of the meaning and language of the writer, which is neither conducive to the best interests of the profession and science, nor is it prompted by the more kindly impulses of our nature.

The writer affirms that the evidences which led to the diagnosis, were the statements of the patient with regard to her sensations, and observation of the movement of the hair-bulbs; and that these were sufficient without the aid of the microscope.

Any one who will read the paper on parasitic disease, may see that the sensations and impressions of the patient were mentioned, as in the history of any case we would describe the feelings of the sick person, or the account received from him; and that it does not imply, by any means, that we will take it for granted that a woman has lived two years without eating, because she and her friends affirm that she has tasted nothing for that length of time.

The paper was written under the pressure of a large practice, and I should have stated that it was very inconvenient to obtain the use of a microscope in this vicinity; and in its absence, and from the general history of the case, I determined to treat the disease as parasitical in its character.

I have seen the patient within twenty-four hours, and the result shows that whatever may have been the diagnosis, or the means of arriving at it, the *treatment* has been fortunate, for the lady's head is perfectly smooth, and no pustules have made their appearance for many weeks. As soon as the *peculiar sensations* begin to manifest themselves, she pulls out the hair and applies alcohol, or an alkaline solution, and the trouble ceases.

Queechy, Vt., April 22, 1859.

ON DISEASES SIMULATING LARYNGITIS.

BY HENRY MADGE, M.D.

ACCORDING to the best authorities, several conditions are capable of producing symptoms simulating laryngitis. Amongst others that are mentioned are affections of the brain, angina pectoris, certain forms of heart and lung disease, hysteria, aneurisms, tumors, and operations, in which the pneumogastric nerve and its recurrent laryngeal branch are interfered with. These, for the most part, simulate the subacute form of the disease. So far as I have been able to gather from various sources of information, the conditions which called forth symptoms simulating laryngitis in the following cases do not seem to have been recognized or even suspected. In considering the subject, it is necessary to keep in view the most prominent features of an attack of acute laryngitis.

These are stated to be, violent dyspnœa, profuse perspiration, loss of voice, difficult deglutition, gasping respiration, with occasional severe paroxysms of pain about the neck and chest, and a feeling of constriction and tenderness along the course of the larynx and trachea: all this is accompanied by a most distressing degree of restlessness and anxiety; apprehension and horror are depicted on the countenance; sometimes the inflammatory fever runs high, but if the symptoms continue unabated, prostration comes on, and the patient soon sinks. This is a pretty faithful picture of the disease as seen by myself on several occasions. We are recommended to leech and blister; to administer mercury, opium, and tartar emetic; to bleed freely and promptly; and, if all are unavailing, to perform tracheotomy. As these are formidable measures, it is most important that they should never be employed in merely an imitation of the disease.

Several cases are related in which tracheotomy was performed for symptoms of laryngitis arising from aneurism of the aorta. The following was also a case of mistaken diagnosis:—

Having the temporary charge of a practice in the country, I was called one night to a gentleman who had all the foregoing symptoms of acute laryngitis. He was sitting up in bed, gasping and panting in a most distressing manner. On applying the stethoscope to the chest, the breathing was noisy and hissing, the sounds of the heart tumultuous and irregular, and rendered more indistinct from the constant noise caused by the rushing of air through the trachea. The noise was sometimes so loud as to drown all the minor sounds. The head was hot and flushed, pulse quick, jerking, and irregular, and the arms wildly tossed about, as if to waft air into the lungs. The patient's frequent entreaties for more breath seemed to be the forerunner of still more painful paroxysms of difficult breathing. He had been in bed about half an hour, when the symptoms began to show themselves. From the very serious appearance of the case, the friends wished me to have the aid of other medical men of the neighborhood. Two of them speedily arrived, and, on seeing the patient, they at once pronounced it a case of acute laryngitis. Leeches were applied to the throat, calomel and small doses of tartrate of antimony given every half hour, with the prolonged use of a warm bath. Small doses of the ethereal tincture of lobelia were also given, which seemed to lull the symptoms for a short time, but always to return with increased severity. A bandage was three times applied to the arm; but, from some misgivings I had about the case, bleeding was postponed. For nearly five hours we had the humiliation of standing by, watching our patient's sufferings, without having done much to afford relief. I then suggested the use of an emetic, which being agreed to, a draught, containing half a drachm of ipecacuanha powder, and one grain of the tartrate of antimony, was at once administered. As this took no effect, after waiting

a reasonable time, a second and a third were given. The stomach then emptied itself of a very large quantity of half-digested food. Immediately on this happening, all the symptoms of laryngitis disappeared as if by a charm, the breathing became calm, an anodyne was given, and the patient was soon in a sound sleep. On the following day there was a little feverish excitement, with slight yellowness of the skin, which, in a day or two, became decided jaundice. The heart's action was feeble, irregular, and intermittent. Posteriorly could be distinctly heard a whistling sound, so situated as to be indicative of what is called the button-hole contraction of the mitral orifice. The patient, who was about fifty years of age, had generally enjoyed apparent good health, so that this mitral disease had never before been suspected. For a few days he seemed to rally, and great hopes were entertained of a speedy recovery. Subsequently, however, his strength completely gave way, the jaundice continued, the heart disease appeared to gain ground, producing sounds of a very confused character, whilst the pulse gradually became more feeble and irregular.

A physician from one of the London hospitals saw the patient several times. He regarded the jaundice as the leading feature of the case, and considered that nearly all the patient had gone through might be attributed to disease of the liver. Mercury was employed for several weeks; also taraxacum and nitro-muriatic acid internally and in the form of baths. The jaundice gradually disappeared, but now there was great prostration, complete loss of appetite, extreme nervous irritability, and sometimes delirium; sleep much disturbed, and at length constant restlessness. Occasionally the patient was subject to transient paroxysms of dyspnoea; and, getting lower and lower, he died about two months from the first attack.

I assisted at the *post-mortem* examination, the following account of which is abridged from my notes taken at the time:

Examination forty-eight hours after death.—The body presented an appearance of general emaciation. There was no yellowness of the skin; the brown discoloration which succeeded the jaundice had become mottled from desquamation of cuticle, and large white patches appeared about the forehead and upper extremities. On opening the chest, the lungs seemed to occupy the whole cavity; the whole of the two pleuræ, on both sides, were so completely bound together by old adhesions, as to require the use of the knife to separate them; the apex of the left lung appeared puckered and indurated, and on cutting into it a considerable mass of tubercular matter was found in its centre. With the exception of a little congestion around this part, and rather more than the usual *post-mortem* congestion, the lungs were soft and healthy; near their roots was an unusually large number of enlarged, black bronchial glands. The pericardium seemed more than naturally

inclined to the right side, and at its lower extremity could be felt a hard substance about the size of a walnut; this was found to be a fibrous growth springing from the apex of the left ventricle, and connecting it to the corresponding part of the pericardial sac. With this exception, the pericardium was smooth and healthy, and contained about half an ounce of fluid. The heart was large, flabby, and nearly full of blood; on the left side the walls of the ventricle were remarkably thin, and at the apex was an ossific deposit in a cup-like form, and large enough to receive the top of the middle finger; this was found to correspond in situation with the external growth, and appeared to form its base. The two larger columnæ carneæ which give attachment to the chordæ tendinæ were both diseased; that nearest the aortic opening was quite white and cartilaginous—the other completely ossified, and fixed in its position. The chordæ tendinæ were somewhat thickened and rigid; the curtains of the valve thickened, and studded with ossific deposits. There was also, as was anticipated, contraction of the auriculo-ventricular opening. Altogether, the imperfect state of the valve would easily admit of regurgitation into the auricle, and the marks of disease generally were quite sufficient to account for the whistling sounds heard during life. The aortic valves were soft and healthy, but the commencement of the aorta itself was dilated and covered with deposits. The right side of the heart was immensely dilated; the ventricle was full of coagula, some of them old, changed in appearance, and partially adherent to the walls of the cavity; the walls extremely thin and weak; no ossific deposits; the tricuspid and semilunar valves healthy.

Abdomen.—Viscera in normal position; intestines free, smooth, and apparently healthy; convex surface of liver fixed by old adhesions to under surface of diaphragm. This, as well as the old pleuritic mischief, was referred to a severe illness several years before death. *The liver itself was perfectly healthy in size and appearance*; gall-bladder distended and of a whitish color, and on opening it about three ounces of colorless transparent mucus escaped. This secretion from the mucous coat was quite free from bile, and resembled white of egg. A gall-stone, about the size of a nutmeg, occupied the neck of the gall-bladder; its surface was rough, and embedded in the mucous coat. This appeared to have effectually prevented the passage of bile from the cystic duct to the bladder for a very considerable time. Stomach large, but free from disease. Left kidney enlarged and congested; at its upper part, near the surface, was a small cavity with thickened walls, probably the remains of an abscess of uncertain date. Right kidney smaller, and of healthy appearance.

I have thought it worth while to give the foregoing details, as they may assist in forming an opinion as to what were the circumstances of the case, which combined at the onset to give it the appearance of laryngitis. It might be said in some respects to

have resembled a case of laryngismus stridulus occurring in an adult from one of the same causes as in infancy—viz., irritation of the stomach, and the effect of the emetics showed that to be the real exciting cause; but if mere irritation and distension of the stomach from improper or over-feeding were capable in the adult of producing such symptoms, instead of being extremely rare, how frequently we should meet with them! The disease of the heart, with the little tumor at its apex hampering its action, the gall-stone trying to force its way into the cystic duct, and the immovable condition of the lungs, might all have contributed toward the original aspect of the case.*

I must refrain from occupying valuable space by making critical observations on the diagnosis and treatment adopted, or attempting to give a minute analysis of the symptoms as compared with those of real laryngitis; but this may be said, that nothing short of a post-mortem examination could have revealed the true state of the case. The account of it will not only be interesting in a physiological and pathological point of view, but will probably be of practical benefit by placing many on their guard when called upon to treat similar cases. I have already profited by my experience.

About six months ago, I was called late at night to an elderly lady, who had the same symptoms as those detailed in the previous case, but in a milder form. On being told she had taken a hearty supper, I at once gave an emetic, and she got well immediately. This patient has since suffered in the same way on two occasions, and now is always provided with an emetic, to be used, if necessary, when she chooses to abandon herself to the enjoyment of a good supper. She is the subject of heart disease and chronic bronchitis; but on the occasions referred to, being promptly relieved, there was fortunately not a sufficient amount of organic disease to prevent recovery from the effects of the attack.

The chief practical lesson to be derived from a study of the two cases is simple enough, and its importance is sufficiently apparent. In all sudden cases of violent dyspnoea, it appears highly necessary to find out how far the state of the stomach may be the cause, and, in real laryngitis, to what extent it may modify or aggravate the symptoms presented to our notice.

Even in pure laryngitis—except in peculiar cases—there appears to be no good reason why emetics should not be as beneficial to adults as to children.—*London Lancet*.

* The necessity for giving three emetics was probably owing to the large quantity of food they came in contact with, which prevented their reaching easily the coats of the stomach. The violent efforts at vomiting may have had something to do with the jaundice, by throwing, as it sometimes does, a little bile into the blood; the same efforts may have thrown the gall-stone into the neck of the bladder, and thus made somewhat protracted what would otherwise have been merely a passing jaundice.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 BOSTON, MAY 5, 1859.
 

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## OVARIOTOMY—ITS STATISTICS AND RATE OF MORTALITY.

THE interest which has, of late years more particularly, attached to the operation of abdominal section for the purpose of removing diseased ovaria, and the intrinsic importance of the question itself, naturally lead medical observers to closely scrutinize the papers which are published from time to time, in connection with the subject.

In the April number of *The American Journal of the Medical Sciences* for the current year, is an elaborate and deeply interesting account of two cases of ovariectomy, by HENRY MILLER, M.D., President of the College of Physicians and Surgeons in Louisville, Kentucky. The operation, in each case, was crowned with success; and this, like all other similar facts in the history of American Surgery, we hail with sincere satisfaction. Especially is this our feeling in view of the strong terms of condemnation with which European Continental authorities have chosen to speak of the operation.

We have read Dr. Miller's paper with the closest attention; it is written in a perspicuous style, and the circumstances connected with the cases and the operation are succinctly yet very clearly stated. The whole constitutes a paper worthy of being communicated to the College of which its author is the head.

But notwithstanding the favorable impression we have received from the article as a whole, there are one or two points to which we wish to advert, and in which we deem the author to be most decidedly in error.

And chiefly with regard to the conclusions drawn by Dr. Miller in respect to the advisability and propriety of the operation, from the tables of Dr. W. A. Atlee. This last-named writer fixes the rate of mortality for the operation of ovariectomy as only  $26\frac{1}{2}$  per cent. But this has been ably proved to be an erroneous estimate, by our townsman Dr. GEORGE H. LYMAN, in his very thorough, laborious, and conscientiously-prepared Essay, which received the Prize awarded by the Massachusetts Medical Society in 1856, upon the following theme—"The Statistics of Ovariectomy."

That Dr. Miller should have totally ignored this exceedingly valuable and reliable source of information, when treating of the *statistical* portion of his subject, greatly surprises us—to say the very least. And were it not just possible that he has not seen Dr. Lyman's essay, we should at once pronounce his omission to refer to it, an injustice to its author and to the profession at large. We are the more inclined to suppose that Dr. Miller has not met with the production to which we thus allude, because writers of authority at the West have shown themselves uniformly candid and fair toward those poor Eastern scribblers who venture to publish any medical lucubrations. And this is more than sundry critics, in more metropolitan quarters, have done. An exception to this general rule of Western fairness and courtesy, must be filed in reference to one instance at least, of lately transplanted Western talent. We are not, however, willing, yet, to



allow that nothing worthy of credence or commendation can be done, in the line of medical literature, outside of the city of *brotherly love!*

Our reference to Dr. Lyman's Essay is made principally for the purpose of showing that, by failure to consult it, Dr. Miller has adopted the erroneous standard of Dr. Atlee in reference to the mortality-rate belonging to the operation of ovariectomy. It is most conclusively shown that the rate is 40.13 *per cent.*—a rate, which while it abundantly sanctions the performance of the operation, is evidently far less favorable to it than the estimate of Atlee, and, following him, of Miller.

In order to make our position in this respect clear, we quote from Dr. Lyman's essay (pp. 117, 118) the remarks and figures which comprise the points at issue:—

"We have seen, in Section IV., that more than three-fifths of the operations are unsuccessful; and, by Section II., that 40.13 per cent. are fatal. Dr. Churchill makes it one in 2½, or over 36 per cent.; Dr. Cormack, over 38 per cent.; Dr. Robert Lee, over 37 per cent.; Mr. Phillips, over 39 per cent.; Dr. Ashwell's Table, over 36 per cent. Dr. Atlee makes the mortality only 26½ per cent.; but this is done, as will be seen on reference to the last six sections of his analysis, by throwing out of the calculation twenty-seven cases which were complicated with other diseases, six cases in which accidental occurrences were supposed to be the cause of death, and three cases in which death did not ensue for some time after the operation. Now, these same complications are just as likely to be met with, in the same frequency, in all future operations, unless the differential diagnosis of ovarian disease is greatly improved. The question is not, what the rate of mortality would be if this diagnosis could be perfected, if only just the right cases were taken, if only no accidents happened; for these always have occurred, and always will occur, in a certain proportion of cases, even under the most skillful hands. The true question is, What is the rate of mortality, from this operation, in the present state of our medical and surgical science? It is manifestly for the advantage of the operation itself, to say nothing of the unfortunate subjects of it, that a perfectly fair answer should be given to this question. If these tables are correct, that answer is, that 40.13 per cent. are fatal, and that two fifths only are successful. Nor does this look so forbidding, when we compare it with other capital operations. The lowest rate of mortality, after amputations of large limbs, is shown in Dr. Hayward's statistics of the Massachusetts General Hospital; 22.69 per cent. only resulting fatally. Elsewhere, however, we find it to range much higher:"

We are constrained to speak positively in relation to this matter, because it is of great importance, and the statement of Dr. Miller, that the statistics to which he refers in the number of the *American Journal* we have cited (pp. 333, 334) are reliable, is unfortunately not sustained by investigation. He remarks that "no statistics in all surgery are more trustworthy or better authenticated." We need not say, after the quotation we have offered above, from Dr. Lyman's essay, that this declaration falls utterly to the ground. Were it not so, Dr. Atlee would—three years having elapsed since his mistakes were courteously, though plainly, pointed out—have replied to the allegation.

Dr. Miller refers to the opinion of the late Dr. Mütter, who was inclined to deprecate the operation, on the ground that he believed the mortality too great—and greater than was allowed by writers and statisticians. We ourselves are very much disposed to endorse Dr. Mütter's view that "the merits of this measure"—ovariectomy—should not be gauged "by statistics, nor should it be contrasted with other capital operations." We believe that where the existence of



the patient is distinctly compromised by the presence of an ovarian tumor, the operation ought to be done. Quite as much is it demanded, under these circumstances—*although not so immediately*—as is tracheotomy in croup, when the patient's life is evidently at stake.

As to comparing it with other capital operations, that manifestly cannot be done in some senses, although it may in others. It will suffice, in this respect, to say that all operations which necessitate the exposure of the peritoneal cavity, and, especially, the free handling of the abdominal viscera—not to mention the effusion of blood, serum, &c., into the above-named cavity—possess, *per se*, a quality of danger not inherent in amputations of the large limbs, or in the excision of joints, or even in the operations for strangulated hernia and lithotomy. It is not, however, to be lost sight of, that even the formidable operation of ovariectomy compares very favorably with most of the procedures termed "capital" in surgical parlance.

Leaving the consideration of the above point, we must refer to the statement, by Dr. Miller, that Mr. Lizars was "unquestionably the first *transatlantic* surgeon who performed the operation of ovariectomy, in any technical and proper signification of the term. To L'Aumonier, of Rouen, is generally awarded the credit of first extirpating a diseased ovary, and his name is generally placed at the head of the list of operators in tables of ovariectomy. But the French surgeon only opened an abscess of the ovary consequent to parturition, and is no more entitled to the credit of originating ovariectomy than he would have been had he lanced an abscess of the mammary gland." Thus far Dr. Miller; and as he appears, as we have previously said, either not to have seen Dr. Lyman's essay, or else chooses to ignore it, we append for his perusal, and for that of Dr. Gross—who is referred to as authority, and who seems equally unacquainted with Dr. Lyman's researches—the following statements in reference to "*transatlantic*" priority. The diversity in the two accounts we must leave to be adjudicated upon by those who are interested in the matter—and the entire profession will naturally be so, and wish to have the truth established, if possible. Dr. Lyman says (Essay, pp. 2 & 3):—

"L'Aumonier's case, published at the close of the last century, has usually been reckoned as the first successful one; and although Wierus's oft-repeated case of the gelder who operated upon his own daughter from suspicions of her chastity, the cases of Cyprianus and M. Kapeler, and the cure of Madame de Choiseul, are said to be authentic by Velpeau and others, the first operations for entire removal of the diseased ovary, recorded with any detail, were, next to L'Aumonier's above mentioned, those of McDowell, of Kentucky, in 1809, and Mr. Lizars, of Edinburgh, in 1823; and, in these cases, the modern history of ovariectomy may be considered to have originated."

Dr. Miller, by throwing out L'Aumonier's case, as above mentioned, makes Dr. McDowell, of Kentucky, the first successful operator for the removal of an ovarian tumor, not only in this country, but in the world. Glad as we should be to admit this claim, were it just, we submit that, unless Dr. Miller can disprove the following account of L'Aumonier's case, furnished by Dr. Lyman, he must be content to let his friend hold the second place. And let us here say, that great credit redounds to the Kentucky surgeon, and the eulogistic language which Dr. Miller uses when speaking of him is highly appropriate, and does the writer honor. We now present Dr. Lyman's summary of L'Aumonier's case. (Essay, p. 71.)

"Marie Louise Lagrange; prostitute; age, twenty-one; the disease apparently followed delivery; exhausted from colliquative diarrhœa; had obstinate diarrhœa, and purulent discharge from vagina increased by pressure on the tumor. Incision, four inches, along lower edge of obliquus externus, and a scirrhus ovarian cyst, the size of an egg, was found in connection with an abscess, which was tapped; and a pint of dark fetid pus issued from the Fallopian tube, with which the ovarian abscess communicated. The adhesions were torn away between the tube and ovary, and the latter removed. No ligature used, though there was some hæmorrhage from a branch of the spermatic artery. The cavity of the tubular abscess was filled with lint, dipped in the yolk of an egg and in honey, with cataplasms over the whole, the external wound not being closed. The intestines were so strongly adherent to each other and to the peritoneum, as to retain their place without protrusion through the wound. She was very low until the sixteenth day, when cerebral symptoms arose, which ceased on the appearance of the menses. Suppuration from the abscess ceased the twentieth day; and she left the hospital, well, Feb. 20, the operation having been performed Jan. 5, 1782."

And here we take leave of the subject for the present, with the single remark that the Essay, from which we have just quoted, while it abundantly manifests the industry and ability of its author, is fully able to sustain a searching examination, and is not to be cavalierly passed by, when questions of importance in relation to the subject are to be decided.

#### DR. AYRES'S CASE OF CONGENITAL EXSTROPHY OF THE BLADDER.

We print the following letter, in which the writer complains of unjust criticism in a notice of a pamphlet sent to us recently. We do so, because we always desire to allow any one who conceives he has been treated with unfairness in our pages, an opportunity to reply. With regard to the criticism of "H.," although we think it unnecessarily severe, we feel bound to say we consider it to be in the main just. We ought also to add that "H." is a Boston physician, and wholly unacquainted with Dr. Ayres.

*Brooklyn, N. Y., April 11, 1859.*

MESSRS. EDITORS,—The established character of your esteemed JOURNAL removes any suspicion of your having knowingly permitted its pages to be used for the purpose of satisfying the obvious spite and personal animosity of "H." It must be presumed that you have neither perused, nor even seen, the pamphlet of Dr. Daniel Ayres, on "Exstrophy of the Urinary Bladder," otherwise you would have readily conceived that the pretended "Bibliographical Notice" in Vol. LX., No. 9, is anything but a competent or honest critical exposé. In order to enable you to test the correctness of my remarks, I place a copy at your kind disposal, and your sense of justice and well-known appreciation of true scientific merit will not hesitate in granting the privilege of a few and brief remarks in your pages. Not being interested in the personal feelings which seem to inspire the critical "H.," I may look upon them with philosophical complacency, as not deserving my notice; yet I am interested in the establishment of truth, and particularly as the personalities of such criticism will effectually deter any author from taking up his pen, even in self-defence. I shall scarcely lay myself open to the charge of presumption, being fully conversant with the nature and details of the case, having aided in the operation, and watched with intense interest and curiosity its progress and ultimate results.

This patient presented herself at the clinical department of the Long



Island College Hospital, on my day of service. In exhibiting her malformation to the medical gentlemen present at our clinic, I explained its nature and the relation of the respective parts involved, and adverted to the lamentable, repulsive and mortifying consequences to the patient, in a social point of view. This was the eighth case of exstrophy of the urinary bladder falling under my observation. One I had exhibited to the Medical Society of London, in 1852 (published in the *Medical Times and Gazette*, of that year); another had been operated upon in my presence, by Mr. South, at St. Bartholomew's Hospital, with fatal termination on the third day. My interest, so repeatedly challenged by these cases, had induced my extended inquiry into the literature of this subject, with especial reference to relieving them by surgical art. But having met with no encouragement by any author, from any source, I would not hesitate in stating that, beyond an appropriate apparatus to protect the exposed walls of the bladder from friction, and the surrounding integuments from the corrosive action of the urine, nothing more would be suggested for the mitigation of the deformity. The same conclusion seems to have been arrived at by the enterprising surgeon of the Brooklyn City Hospital, from whose care she had been discharged, in an unchanged condition.

When closing my clinical remarks, Dr. Ayres entered the lecture-room, and, after a close scrutiny of the defect, suggested the feasibility of relieving the patient by a new plastic operation.

Although frankly confessing that I entertained no hope from any operation whatever, and being confirmed in this opinion by the recorded experience of the best surgical authorities, both in Europe and on this continent, still I cheerfully transferred the case to his acknowledged surgical ingenuity. Soon after, Dr. Ayres submitted the details of the designed operation, which not only struck me as *perfectly feasible*, but also as *totally new and ingenious*.

As the details of both the case and the operation have been fully illustrated, and in a legitimate form placed before the profession (Vide February No. of the *New York Medical Gazette*), I may confine myself to the results, which have been so grossly garbled and misstated by the amiable reviewer.

1. The exposed and sensitive urinary bladder is completely covered with firm integuments, thus entirely removing the previous source of constant pain.

2. The anterior wall of the bladder being thus artificially reëstablished, and the labia majora pudendi approximated, the repulsive aspect of the malformation is successfully concealed by an almost normal appearance of the parts interested.

5. The large surface, constantly drained with urine, has been converted into a comparatively small canal, a urethra, so to speak.

4. The incidental effects upon the vulva were to diminish its capacity, thus reducing a complete prolapsus of both uterus and vagina to a comparatively slight protrusion of the anterior wall of the latter, only completely controllable by a simple pessary, previously useless.

These are the facts, susceptible of demonstration from the patient herself, and confirmed by numerous medical gentlemen who witnessed the operation and testified their high appreciation of its results. For the sake of vindicating truth, this would suffice to neutralize the distorting criticism of "H." To exemplify, however, the incompetence,



inconsistency, and the wanton animosity of the criticism, a few more words are necessary.

Whilst "H." joins in the views of Prof. Erichsen that *no* operation for the defect has *ever* proved successful, and that *no* encouragement for its repetition can be derived from the results hitherto attained, he at the same time adverts to Chopart's case of Cabrol, successfully operated upon. I must confess that this case has escaped my attention, as it has Dr. Ayres's. Prof. Erichsen, Nélaton and other distinguished authors on surgery, at any rate are acceptable company in error. Having the quoted work of Chopart not at my command, and therefore unable to confirm or contradict the charge of oversight, I take the word of "H." for it, provided he has used a French dictionary.

Again, "H." asserts that the author "has not fulfilled the pretences [pretensions] of his title-page," and yet compliments him on "his ingeniously-designed operation;" whilst the above-stated results undeniably prove that the operation, whether considered as a remedy for the malformation, or a relief from "the deplorable consequences of parturition," is in both respects, and as far as reasonable expectation goes, *a perfect success*, at any rate sufficiently marked to exceed the the critic's comprehension or to extract from him the ebullition of a most significant ire.

But we have no fears that the efforts of Dr. Ayres to remove another opprobrium from surgical art will receive a more impartial adjudication at the hands of the profession.

LOUIS BAUER, M.D.,  
*Surgeon to the Long Island College Hospital.*

#### MEDICAL CONVENTION FOR REVISING THE PHARMACOPŒIA OF THE UNITED STATES.

THE Medical Convention for revising the Pharmacopœia, which met at Washington in May, 1850, provided for assembling a Convention for the same purpose, in the year 1860, by the following resolutions.

"1. The President of this Convention shall, on the first day of May, 1859, issue a notice requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general Convention, to be held at Washington, on the first Wednesday in May, 1860.

"2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1860."

In accordance with the above resolutions, the undersigned hereby requests the several bodies mentioned to appoint delegates, not exceeding three in number, to represent them in a Convention for revising the Pharmacopœia of the United States, to meet at Washington on the first Wednesday in May, 1860; and would also call the atten-

tion of these bodies to the second and third resolutions, and request compliance with the suggestions therein contained.

Philadelphia, May 1st, 1859.

GEO. B. WOOD,  
President of the Convention of 1850.

N. B.—Medical and Pharmaceutical Journals will please copy the above notice.

#### CANCER DOCTORS.

IN a recent number, we took occasion to allude to the attention which has been given, of late, by eminent medical men to the use of caustics in the treatment of cancerous tumors, particularly in those cases where the more expeditious method of extirpation by the knife is precluded, for various reasons. We also referred to the advantage which empirics have taken of the interest felt in the subject, to establish for themselves a claim for the successful treatment of cancer without the use of the knife. Every city, almost every town, has its pretenders to skill in this department, the business being a very lucrative one, in many cases, though, like all success built upon a foundation of imposture, it is but of temporary duration. In this country we have no means of protecting the public against the evils caused by this trade; it is only by sad experience that the victims discover, when too late, that these diseases, like all others, are best understood and best treated by the medical profession, and those who put themselves in the hands of ignorant pretenders must expect nothing but disappointment and failure. The press, even while disclaiming any sympathy with charlatans, lends them a powerful aid by publishing their advertisements. A paper in this city, which printed extracts from our article of April 14th, contains also the advertisement of an "Indian Doctor," setting forth, in more than half a column, the advantages of his method of curing cancers, to which the attention of the reader is especially directed by a paragraph in another part of the paper.

One of these impostors, who has attracted much notice of late, on account of his extraordinary run of luck for a brief period, in Paris, has been recently exposed by M. Velpeau, who adopted a method which is admirably suited to these cases. The following extract from *Galignani's Messenger* of April 1st (published in Paris), gives the result of the trial of the so-called specific of this practitioner.

"The attention of the public has been lately directed to the relation of some wonderful cures said to have been performed in cases of cancer, by a medical man of color named Vries. These cures at length became so much talked of that M. Velpeau, surgeon at the hospital of La Charité, member of the Institute and of the Academy of Medicine, was desirous of ascertaining the correctness of the accounts given, and of arriving at a correct estimate of the real value of the specific used by M. Vries. For this purpose an offer was made him to take under his exclusive treatment sixteen cases of confirmed cancer at La Charité, which he accepted, and those patients have been for two months subjected to the use of what he calls his antidote against that dreadful disease. This treatment commenced on the 27th January, and on the 29th March M. Velpeau read to the Academy of Medicine a report of the result. After stating that every arrangement had been made, and the most positive directions given, that no one belonging to the hospital should in any way interfere with the patients placed under the care of M. Vries, and that all the orders he might give should be punctually attended to, M. Velpeau states that nothing has been effected to bear out the pretensions of M. Vries; that none of the patients have been cured; that one of them, a female, died at

the end of ten days, and that with all the others the disease has followed its ordinary course, and after two months' treatment the patients have not shown any improvement. M. Velpeau sums up his report by the following conclusions:—That no antidote for cancer has yet been discovered; that M. Vries has effected no cure on any of the patients entrusted to him in the hospital; and that he has never cured and never can cure a case of cancer anywhere. The Academy unanimously decided that the report of M. Velpeau should be sent to the Minister of Justice, and that M. Vries should be no longer admitted at the hospital.

Mankind is very slow to learn by experience. The exposure of Dr. Fell, in London, did not prevent the successful imposture of Dr. Vries, in Paris; nor will the failure of "Indianopathy," in Boston, to cure cancer, prevent some other "method," equally absurd and unsuccessful, from obtaining a temporary popularity among a certain class of people and raising hopes which are destined never to be realized, in the subjects of a painful and dangerous disease.

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#### THE SANITARY AND QUARANTINE CONVENTION.

THE late meeting of this important Convention, in New York, will, we trust, be productive of lasting benefit to our country, and to the world. It is not often that such unanimity of sentiment pervades a body met to discuss one of the most important questions relating to our national welfare. The delegates seem all to have been animated by a love of truth, and by the desire of benefiting, practically, the community. Two great questions have been established as the sense of the Convention:—the non-communicability of yellow fever, from one person to another, and the necessity of sanitary regulations, as a means of preserving the health of cities and towns. A Sanitary Code, compiled by Dr. Clark, City Physician of Boston, was adopted for recommendation. We have had an opportunity of examining this Code, and can bear witness to its completeness and to the knowledge and judgment displayed in its preparation.

There is another subject which has occupied the attention of the Convention, and the importance of which needs to be far more deeply impressed upon the community than it is. We refer to Registration, which is provided for by only a few States of the Union, and in some of those few is only imperfectly carried out. When the report of the Convention shall have been printed and widely circulated, as we trust it will, it will be seen how closely the health and comfort of the inhabitants are connected with the accurate registration of births, deaths and marriages, with all the necessary particulars pertaining to each. In our State, which is in advance of most of the others in respect to registration, there is need of certain improvements, which can only be carried out by legislative enactment, and which are essential to a knowledge of the causes of death among us.

We need hardly say that we look with pride upon the important part which has been taken in the proceedings of the Convention, both at this and its previous meetings, by Boston delegates.

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#### TREATMENT OF ASCARIDES.

MESSRS. EDITORS,—I noticed, a few weeks ago, a call for a cure for ascarides, or pin worms. In an extensive practice of more than forty years, I have never known assafoetida and aloes to fail of an immediate cure. I have usually given the medicine in tincture, and in some cases have thought best to clear the bowels of mucus and other mat-



ter, by a dose of calomel and rhubarb, or some other pretty smart physic. I have treated very many patients of all ages, from infancy to old age, and never failed of an immediate cure. I know not whether I have ever seen these medicines recommended in books. I took them from Dr. Mussey's Lectures at Dartmouth College, perhaps forty-four years ago.

Yours respectfully, &c.,

South Creek, Bradford Co. Pa., }  
April 10th, 1859.

NATH'L SMITH.

*Boston Medical Association.*—The Annual Meeting of this Association was held on Monday last at the Suffolk District Society's Rooms. Dr. J. B. ALLEY was reelected Secretary, and the following gentlemen were elected as the Standing Committee :—Drs. N. B. Shurtleff, Silas Durkee, W. J. Dale, J. M. Warren and George Hayward, Jr.

During the last year the following gentlemen have joined the Association :—Drs. E. C. Rolfe, J. C. White, J. A. Lamson, A. D. Sinclair, A. C. Garratt, S. Mighill, D. W. Cheever, J. V. Jarvis, C. D. Cleaveland, N. C. Stevens, A. Rupaner.

The following members have died :—Drs. Ephraim Buck, S. S. Whipple and J. B. Hallinan.

*A Statue of John Hunter.*—The removal of the remains of the illustrious Hunter from their original resting place to Westminster Abbey, has suggested the propriety of the erection of a statue, to commemorate the great comparative anatomist and father of surgery in England. A Committee has been appointed by the Royal College of Surgeons to take measures for carrying into effect this design. We trust that some action has been taken in the matter by the American Medical Association, whose annual meeting, at Louisville, Ky., is now drawing to a close.

Drs. Alexander B. Mott and J. W. S. Gouley have been appointed surgeons to Bellevue Hospital, New York.—The New Medical College in Chicago, in connection with Lind University, has been organized.

*Health of the City.*—Of the 59 deaths last week, 38 were of females and 21 of males. The ages of those who died were more evenly distributed than common. Thus there were 17 under 5 years, 8 between 5 and 20, 14 between 20 and 40, 10 between 40 and 60, and 10 above 60. There were 4 deaths from debility, the subjects being all females, between 72 and 76 years. There were 2 deaths from smallpox, both of females, 18 and 53 years of age. The total number of deaths for the corresponding week of 1858, was 66; of which 12 were from consumption, 5 from pneumonia and one from debility.

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MARRIED,—At San Francisco, Cal., Dr. David Burbank to Miss Clara A. Kauffer, of Portsmouth, N. H.

DIED,—At Shrewsbury, 30th ult., Dr. A. Brigham, 56.—At Cleaveland, Ohio, 24th ult., Dr. A. H. Ackley, an eminent Surgeon.—In Philadelphia, 24th inst., Emlen Physick, son of the late Dr. Philip Syng Physick, in the 47th year of his age.

*Deaths in Boston* for the week ending Saturday noon, April 30th, 59. Males, 21—Females, 38.—Accident, 1—apoplexy, 1—bronchitis, 1—inflammation of the brain, 1—cancer, 1—consumption, 13—convulsions, 1—cholera infantum, 1—croup, 2—debility, 4—dropsy, 2—dropsy in the head, 2—bilious fever, 1—scarlet fever, 1—gravel, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 2—congestion of the lungs, 2—marasmus, 3—measles, 1—old age, 1—palsy, 3—pleurisy, 2—puerperal disease, 2—scrofulous disease of the bones, 1—smallpox, 2—teething, 3—thrush, 1—unknown, 1.

Under 5 years, 17—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 37—Ireland, 18—other places, 4.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, MAY 12, 1859.

No. 15.

## LEUCOCYTHEMIA.—LETTER FROM PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Not very long ago, there was in the service of M. Nélaton, at the "Hôpital de la Clinique," a pale and sickly-looking man, aged 27, afflicted with a disease which, from its rare occurrence, was examined and watched with unusual interest. It is said, M. Nélaton meets with only one or two examples of it in his service annually. Our attention was called to this affection, some five years ago, while in Berlin. Since then, we do not think we have met with more than half a dozen cases.

The patient, about a year before entering the Hospital, perceived first that the glands of the right axilla enlarged. Then followed swelling of the cheek and under the chin. When first seen at the "Clinic," the parotidian, mastoidian, supra-maxillary and supra-hyoidian regions were swollen on both sides, so as to encircle completely the face, and to embarrass considerably the respiration. The lymphatic glands in the axilla, under the clavicle, in the supra-clavicular region and beneath the pectoral muscles, were also enlarged. The cellular tissue surrounding the glands was thickened, constituting a kind of œdematous induration. The deformity thus produced in the patient's appearance was very striking. The neck was almost entirely obliterated, appearing as if it had settled down within the thorax. Contrasted with this enormously hypertrophied condition of the upper part, the lower half of the body appeared much emaciated.

This disease, in the majority of cases, develops itself externally, in the manner observed in this patient. It commences by invading, first, the cervical and submaxillary glands, then the other regions possessed of lymphatics, progressively from above downward, the glands in the inguinal and popliteal regions being the last to become affected. In these cases there is really great emaciation, notwithstanding the apparently large size the patient often presents. The disease, in the generality of cases, progresses slowly, destroying the patient, according to M. Nélaton's observations, in from three to six years. Thus far, no means that have been re-

sorted to have exerted any influence on the course of the affection. In this case, the disease progressed very gradually, and terminated with the life of the patient, not many months after he had been transferred from M. Nélaton's service to the "Hôpital de la Pitié."

Within a fortnight, a man of middle age, and similarly affected, ended the service of M. Nélaton. This case, moreover, was one of unusual surgical interest. There was, in this instance, a general diseased condition, with hypertrophy of the lymphatic system. The lymphatic glands in the left axilla were enormously hypertrophied, forming a tumor so large that the arm was elevated, thereby, nearly at a right angle with the body. The constant suffering which the tumor occasioned, by pressure upon the large nerves in that region, was so great, it was evident the patient could not survive long, unless relief was obtained. After taking into consideration all the circumstances having a direct bearing upon the case, M. Nélaton considered it his duty to advise an operation. The dissection had to be performed with the greatest care, as some of the larger nerves and vessels were embraced by the tumor. Within a few days after the operation, however, the patient was seized with a purulent infection, so common after surgical operations in the hospitals of Paris, and died within a week. *Post-mortem* examination revealed an extensive disease of the lymphatic glands, especially within the abdomen. Some of these were larger than the two fists. The spleen and bronchial glands were also in a hypertrophied condition.

I have selected these two cases, as presenting a very fair type of a disease of the lymphatics, which the researches of Prof. Bennett and Virchow have shown to be dependent upon, or connected with, a morbid change in the blood called (by Prof. B.) leucocythemia. This consists in a considerable augmentation of the white globules, or colorless corpuscles. It does not appear, however, notwithstanding the diseases of the blood have strongly engaged the attention of modern pathologists, that the real pathology of this affection is clearly defined to the satisfaction of all. The term leukämia, or white blood, given to it by Prof. Virchow, of Berlin, who, according to some, was the first to discover (1845), if not to describe, this abnormal state of the blood, has not generally been adopted in Europe. It appears from the observations of this distinguished pathologist, the anatomical lesion more frequently observed existing along with this malady, is a hypertrophy of the spleen, and not unfrequently that of the liver. Following the pathological anatomy, he makes two varieties of leucocythemia, the splenic and lymphatic. In both varieties we have this abnormal condition of the blood, but in the lymphatic variety there is not only a hypertrophy of the spleen and liver, but also tumors of the axillary lymphatic glands, of the cervical, and in the abdomen, of Peyer's patches, and not unfrequently of the solitary glands of the intestines.



Prof. Virchow, whose pathological researches and labors have gained for him the foremost position as an exact and reliable authority, has examined more searchingly into the pathology of this disease than any one else. But we have not set out with the intention of producing a paper upon the subject, and therefore shall not bring together all that could be said upon it. The microscopical anatomy and appearances of the blood in this affection, to be brief, we shall be obliged to pass over. Our object is merely to call attention to this novel affection, while describing some of the more striking pathological changes and symptoms as observed in the cases described above. Following the course or march of the symptoms in the two varieties of leucocythemia already described, Virchow considers them under two heads—1st, the febrile; 2d, the hæmorrhagic. The patient in the first instance becomes more and more weakened, finally sinking under increased dyspnœa and hectic fever, &c. In the second form, the patient sometimes sinks, from external hæmorrhage or from repeated epistaxis, and sometimes by hæmorrhage from the intestinal organs. These cachectic phenomena supervene, occasioned by general failure in the vital forces, chlorotic symptoms, “bruit de souffle” of the arteries, hæmorrhage from the mucous membranes, dyspnœa more or less grave, and finally death.

With regard to the treatment, as we have stated, nothing appears to be of the slightest service in well-marked cases, with distinct glandular enlargement. Iron, quinine, hydriodate of potass. and a variety of medicines administered internally, with tincture of iodine applied externally, have effected absolutely nothing. The principal indications in advanced cases will be to restrain or check the diarrhœa and epistaxis, and to support the vital powers.

Paris, France, April 10, 1859.

J. F. NOYES.

#### IMPROVEMENTS INTRODUCED INTO THE OPERATION FOR VESICO-VAGINAL FISTULA BY AMERICAN SURGERY.

[Translated from the *Gazette Hebdomadaire de Médecine et de Chirurgie* of January 7th, 1859, for the Boston Medical and Surgical Journal.]

[THE following translation has been in our possession for several weeks; and circumstances beyond our control have alone prevented its publication, hitherto. Just as we were about putting it to press, we observed a translation of the same article in the *Peninsular and Independent Medical Journal* for April, 1859. We print the version, however, which we have received, thus long since, for two reasons: first, because the Western journal circulates less freely on the Eastern sea-board at least, than our own; and also because the operation to which the article relates, is essentially a Boston operation, having been devised and first performed by a Boston surgeon—Dr. GEORGE HAYWARD, Sen.—and is

therefore peculiarly worthy of permanent record in this JOURNAL. And in this light, we call the especial attention of our readers to the paper in question.—EDITORS.]

In the course of the month of November last, a young American surgeon, Dr. Bozeman, came to Paris, and visited our hospitals. He there explained theoretically and practically the methods he employed in the treatment of vesico-vaginal fistula, which have given him a just degree of celebrity both in the United States and in Europe. Dr. Robert having at the time under his care, at the Hotel Dieu, a patient who had already been operated on twice without success, both by himself and by us, begged Dr. Bozeman to make another attempt; the method was submitted to a severe test, for the case was far from favorable—the result, however, was satisfactory.

Being present at this operation, we were able to follow its different stages. Two things struck us; first, the extreme skill of Dr. Bozeman, and then the perfection of the operation itself.

The foreign press, moreover, informing us every day of numerous successes obtained by this method, we thought it would be useful to show the progress of a surgical operation which does the greatest honor to American practice. But while collecting information upon this subject, and while consulting published works, we soon saw that Dr. Bozeman had been preceded in this branch by several of his countrymen, and during our investigations we encountered questions of priority which had been, unfortunately, discussed with a bitterness to be regretted. On seeing this, our plan changed.

Our personal inclinations, and the customs of this Journal, lead us not to recoil before the demands of impartial criticism, supported by history. To render to each one that which belongs to him, seems to us an imperative duty, and, moreover, much more useful to science than is generally thought. We resolved, then, to cast a glance upon all American surgery, so far as it touches upon vesico-vaginal fistula.

It was in 1839, by common agreement, that the first success was, if not obtained, at least made public in the United States, by Dr. Hayward, of Boston. We shall commence, therefore, with the works of this surgeon. We shall follow our inquiry up to the present time, attaching less importance to dates than to the search for new ideas; historical criticism having, above all, for its object the exposition of principles. This review is not, perhaps, entirely inopportune; we, in France, are, in fact, rather disposed to believe that no one equals us in surgery. It would be dangerous, as well as unjust, to perpetuate this vain illusion, for one makes the greatest struggle to preserve the front rank as he sees himself on the point of being outstripped; and it concerns our dignity, as well as the interests of humanity, to recognize, at least, the progress which we have failed to realize.

Dr. Hayward (of Boston) has published two memoirs on vesico-vaginal fistulæ—one in 1839, the other in 1851. Each of these contains important ideas. I shall consider them separately.

The first publication, as I have said, bears the date of 1839. During the preceding year, the *American Journal* (1838, Vol. XXIII., p. 224) had published a translation of two articles of Dieffenbach, inserted in the *Berlin Med. Zeitung* of June and July, 1836. Dr. Hayward had read these articles, for he quotes their author, and introduces into the methods of the Berlin surgeon some happy modifications. After some generalities, he reports the following case.

[For the account of this case, and a description of the operation, by which the fistula was entirely closed, see "Surgical Reports," &c., by George Hayward, M.D., p. 200.—TRANS.]

We have reported this case because it contains the essential points of Dr. Hayward's method; we have seen that, not only was the operation crowned with success, but further that the symptoms following it were extremely mild. The author attributes the absence of serious symptoms, first to the want of all traction exerted upon the edges of the fistula, and then to the fact that the bladder was not at all involved in the introduction of the needles.

But there are in this method principles too important to be passed by with a mere mention, particularly if we consider the time (1839) when this statement was published. The manner of operating upon vesico-vaginal fistula had been then much less studied than at present; the important works which we possess had not yet been published, or at all events were not generally known. Therefore, Dr. Hayward ought to be considered a real innovator, and a successful innovator.

Let me be permitted to examine separately the prominent points of his operation. 1st. Approximation by *broad* freshly cut surfaces. This idea belongs to Dieffenbach. After having pared, perpendicularly, the edges of the fistula for about a line in width, he proposed and executed the detachment of the mucous membranes of the vagina and bladder, and their separation to the extent of two lines. He succeeded by this means in closing, in two operations, a wide fistula for a woman 28 years old. He says, very explicitly, that this detachment has for its object to obtain a *broad* surface for re-union. Dr. Hayward has been one of the first to fully understand all the importance of this precept, and, although the method of detachment all around the fistula (*décollement périphérique*) has been now nearly abandoned, the idea of increasing, by some means or other, the too narrow extent of the raw surfaces which perpendicular paring gives, this idea, I say, is found not only in all the American methods, but in several works of French surgeons. In our country, but not till 1841, Gerdy recommended approximation by broad surfaces; he dissected up the



vaginal mucous membrane, turned back the flaps obtained from the side of the vagina, and held them back to back by the raw surfaces, by means of the quilled suture.

A year later, Dr. Leroy (of Etiolles), in a paper filled with ingenious ideas, also insists on the advantages of the same principle; only, instead of dissecting up and doubling back the lining of the vesico-vaginal septum, he proposed to unite, by the aid of instruments, prepared for the purpose, the walls of the vagina made raw around the opening.

I think it useless to dwell longer either upon the history or the advantages of this first precept. I believe it fundamental in the operation for vesico-vaginal fistula; as in our day, however, it is not rigorously enough observed, for in our authorities it passes, so to speak, unperceived in the immense crowd of proposed modifications, I have thought that I would make it particularly prominent. To the promulgation of this important principle will be attached the names of Dieffenbach, Gerdy, Hayward, and Leroy (d'Etiolles).

2dly. Passing the thread exclusively in the thickness of the vesico-vaginal wall, without injuring the mucous membrane of the bladder.

This important rule has been clearly laid down by Dr. Hayward, who attributes to the observance of it much of the absence of severe symptoms in his operations. It is incontestable, in fact, that in the ordinary methods each thread, twice perforating the mucous membrane of the bladder, creates by this means two ducts for the slow infiltration of the urine into the submucous cellular tissue of the bladder; a tissue which, as we know, is very loose. Still more; small fistulæ have frequently been observed to have been created by the threads themselves. In short, these same threads, being, in themselves, a cause of inflammation, and inflammation being the principal cause of the failure of the sutures to bring about union, everything unites to show the value of a method which does not involve the mucous membrane of the bladder in the paring, and which removes it from the permanent and injurious contact of the uniting substances. As to this, Dr. Hayward does not conceal the source from which he derived his idea; it is a passage in Dieffenbach which has put him upon the track of this important improvement. The Berlin surgeon, in fact, finished his paper with the following passage: "The operation for vesico-vaginal fistula is always dangerous; principally, on account of the damage done to the bladder, the suture producing always more or less inflammation in the edges of the fistulous opening, or in the surrounding parts." Dieffenbach saw there a real danger, which we seek now too much to conceal; but he did not do what was necessary to avoid it. In one case, indeed, he had used a suture in which the needle passed between the two membranes without penetrating that of the bladder; but, in ordinary cases, after having effected the detachment above described, he passed the thread both through the bladder

and the vagina; or, in other words, he pierced through both mucous surfaces.

Since we are historians, we ought to examine further the just fear inspired by piercing the mucous membrane of the bladder, and some of the plans offered to remedy this. In the very important paper published by Lallemand (de Montpellier), in 1825, this surgeon expressed several times his fear of fixing hooks in the bladder. In 1829, M. Laugier, having considered these various inconveniences, invented an instrument with which to perform this operation. \* \* \* \* \* [His object was to unite the sides of the vesico-vaginal fistula by drawing upon the firm tissue of the vagina, without involving the bladder.]

Without being acquainted with the operation of M. Laugier, as usually only the instrument with which it is performed is spoken of, without stating the principle upon which its employment rests, Dr. Hayward arrived at altogether analogous conclusions concerning the suture: "It seems to me," said he, "that, in almost every case in which the ligature would be the proper mode of operating, the edges of the bladder can be brought in contact without wounding that organ. The chance of adhesion would be much greater, and the danger of inflammation incomparably less. By dissecting up the membrane of the vagina to a considerable extent around the orifice, and carrying the needles through this at some distance from the edge of the wound, I cannot doubt that the edges of the bladder, which, of course, should be previously pared, may in almost every case be brought into close contact."

Inspired by Lallemand, M. Laugier laid down the principle; warned by Dieffenbach, Dr. Hayward applied it with success. This is, in my opinion, the paternity of a rule of practice of undeniable importance, which we have not preserved in France, but which American surgery has very generally adopted.

3d. The bringing down of the vesico-vaginal wall, in order to render the fistula accessible to sight, and to instruments.

One of the circumstances which has most retarded the progress of the operation which occupies us, is the difficulty of handling instruments at the bottom of a narrow cavity, and of paring down, and sewing, an opening scarcely visible. This objection discouraged J. L. Petit; it is found under different forms, in most works upon this subject. Lallemand himself, although a skilful surgeon, recoiled before it; and it is on account of these obstacles, that caustic is constantly praised and made use of. We must confess that the difficulty is great; Dr. Hayward triumphed over it by a very simple method, and in his very first attempt in 1839. "The patient was placed upon the edge of a table, in the same position as in the operation for lithotomy. The parts being well dilated, I introduced a large bougie into the urethra, and carried it back as far as the fistula. In this way I was able to bring the bladder downward and forward, so that the opening was brought fairly into view."

If we recollect that the fistula in the case referred to was situated fifteen or sixteen lines from the meatus urinarius, it is easy to understand the mechanism of the operation. The instrument introduced by the urethra acts as a lever; by raising the exterior part toward the abdomen, the upper wall of the vagina, with the vesical portion, is depressed. The bougie ought only to be unyielding; Dr. Hayward afterward used one of whalebone.

This necessity of bringing down the fistulous opening to facilitate the paring of the edges, and the passage of the sutures, has exercised, from the first, the minds of surgeons. In 1828, M. Malagodi hooked the fistulous opening with his finger, bent and introduced into the vagina. A defective method; since the action of the cutting instrument is retarded by the finger, and the surgeon, of course, has only his right hand to pare with. Sanson thought to depress the fistula, by acting through the bladder; so he introduced the fore-finger of the left hand into the urethra, and thus pressed it directly upon the lower wall of the bladder. But the urethra is not always sufficiently dilatable to admit, without violence, the large fingers of many operators. Sanson, to remedy this, had the audacious plan of cutting open the urethra with the double lithotome, in order to facilitate the introduction of the finger. A grave operation to commence with, and which has received too much praise, and which, it seems to me, ought to be absolutely proscribed.

On the whole, bringing down the fistula by Dr. Hayward's method seems to me applicable in those cases where the abnormal orifice is not situated too far from the vulva, and where the operation is performed with the patient lying upon her back; this method, besides, is entirely harmless; further, it is efficacious; since, as we have seen, the sutures can be placed, and the threads knotted, with the hand, which amounts to almost the same thing as operating upon a superficial surface.

If the fistula was situated deep, near the neck of the uterus, I think that it would be very difficult to bring it down enough with the bougie in the bladder, and that it would be necessary then to try other expedients. As for the rest, the means intended to expose the fistula to sight, are closely allied to the question of the best position for the patient to take; a point much controverted, and which we must discuss later.

To resume; the first work of Dr. Hayward brought to light, in 1839, two important precepts.

- 1st. Bringing the edges together by broad, freshly-cut surfaces.
- 2d. Placing the threads outside the mucous membrane of the bladder.

In April, 1851, Dr. Hayward published a second paper on vesico-vaginal fistulas, in the Boston Medical and Surgical Journal. Before passing to the analysis of this interesting paper, we will devote some moments to two other celebrated American surgeons,



who have also studied the same subject. I mean Drs. Mettauer and Pancoast. Unfortunately I have been unable to consult their original works; only some extracts, very much shortened, have come to my knowledge, and I have long since learned to distrust simple quotations and even succinct analyses.

According to Dr. Bozeman, Dr. Mettauer, known for his many works on reparative surgery, has tried the operation for vesico-vaginal fistula since 1830. The method of Dr. Mettauer consists in paring the edges of the opening, then bringing them in contact by the interrupted suture made with leaden wire. These wires traverse the whole vesico-vaginal wall at the distance of an inch from the pared edges, then when enough have been placed, the ends of each are twisted together until the exact meeting of the lips of the wound is effected. They are then cut off, outside the vulva; on the third day, the wires are tightened by fresh torsion, and at length finally removed, about the tenth day. Dr. Mettauer has often since employed the same method, without much modification, and with much success.

The first publication of this surgeon was made in 1847, in the *Virginia Medical and Surgical Journal*, which it has been impossible for me to procure. The priority in printing, then, rests with Dr. Hayward, who, moreover, operated quite differently.

Neither have I been able to consult the account of the operations of Dr. Pancoast, published in the *Medical Examiner*, May, 1847; fortunately Dr. Sims gives a sufficiently long extract from it.

*“Method of Dr. Pancoast, of Philadelphia.”*—The special character of this operation consists in reuniting solidly the edges of the abnormal opening, on the principle of the tenon and mortise. Thus, four freshly-cut surfaces are brought in contact, which increases the chances of union by first intention. The edges should have considerable thickness; when they are not in this condition, they should be thickened by repeated applications of nitrate of silver, or better, by the hot iron. The parts being as much dilated as possible with Charrière’s speculum, the moveable valve of which has been taken out, at the same time that an assistant raises the outer part of the speculum toward the pubis, the first step of the operation is to split the posterior lip of the fistula, to the depth of half an inch. The opposite lip is then pared to the shape of a wedge; first, by turning it out, as far as possible, with a blunt hook, to pare the mucous membrane of the bladder with the curved scissors and scalpel, then by shaving off in its turn the mucous membrane of the vagina, upon the whole lip, to the extent of three quarters of an inch. Now comes a very difficult, but a very important part of this operation. The hæmorrhage being arrested, the bleeding, wedged-shaped tongue, into which the anterior lip has been converted, is to be inserted into the groove, or mortise, made in the posterior lip, and the two parts to be held in contact. This is done by means of a particular kind of suture, useful in

many plastic operations, and described by the inventor in the *American Journal*, for October, 1842. When the sutures are knotted, the tongue is enclosed in the mortise; the threads are left a fortnight, or more, until they become loose, an elastic catheter being left in the bladder to prevent distention. A bladder filled with cold water is applied to the vulva for thirty-six hours, in order to moderate the inflammation. On the second or third day, frequent vaginal injections of sulphate of zinc are made use of, to increase the vigor of the parts. On the fourth or fifth day, a brush dipped in a solution of nitrate of silver is passed over the line of re-union, the strength of the solution being gradually increased. Immediate union may be expected in a great part of the fistula; where it fails, secondary union is promoted by the solid nitrate of silver, which develops a layer of granulations upon the surfaces, which the plastic suture still holds in contact."

Dr. Pancoast has cured by his method two patients. In one, there was complete destruction of a segment of the urethra; the other had an opening at the lower part of the bladder, more than sufficient to admit the end of a finger.

We again find the principle of approximation by broad surfaces carried to its extreme limits by the method of Dr. Pancoast, a true suture by schindylesis. The efficiency of this operation is evident; unfortunately, it presents extreme difficulties of execution, and it cannot, therefore, be applied to all cases. I have known an operation very analogous to this, practised a short time since, by my excellent colleague M. Lenoir. The posterior border of this fistula was formed by the os tinæ. Two operations by the ordinary sutures had failed. M. Lenoir devised the plan of splitting transversely the anterior lip of the neck of the uterus, in such a manner as to form a deep groove, in which he enclosed the anterior lip of the fistula. A cure was effected. This is a case which deserves the honor of the publication of a detailed account.

I observe also, in the treatment after the operation established by Dr. Pancoast, the use of astringent injections, of cauterizations of the new cicatrix with nitrate of silver, and, lastly, the very long time the sutures are kept in.

This method will, I doubt not, be again found useful in certain cases.

AR. VERNEUIL.

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The agency of fatty bodies in the absorption of metallic oxides has been lately investigated by Dr. Jeannel. He finds that fatty oil is an extremely sensitive re-agent, which allows us readily to recognise and to separate 1·400,000 part of oxide of copper in a watery solution, provided that the water contains, at the same time, equivalent portions of carbonate of lime.—*Am. Drug. Circ.*

## HYPERTROPHIC ELONGATION OF THE NECK OF THE UTERUS.

[Translated for the Boston Med. and Surg. Journal, from the *Gazette Hebdomadaire*, Nos. 10 and 11, 1859.]

BY O. D. PALMER, M.D., ZELIENOPLE, PA.

[THE numerous members of the Academy of Medicine, whom the *fête* and sun detained from Rue Stes. Péres, on Monday last, have lost a double pleasure: that of hearing two communications, filled with interest; the one from Dr. Huguier, on the hypertrophic elongation of the neck of the uterus, the other from Dr. Sappey, on the derivative passage, made by the blood of the *vena porta*, so as to pass into the inferior *vena cava*, in case of obstruction to the hepatic circulation.

The readers of the "*Gazette Hebdomadaire*" are already acquainted with the ideas of M. Huguier, on the pathological value of hypertrophy of the *sub-vaginal* portion of the uterus. According to him, it is this morbid anatomical disposition, to which we are to refer the great majority of the cases habitually described under the name of prolapsus uteri. The true remedy for this affection would consist in a retrenchment of the part hypertrophied. We will explain ourselves on these two points when M. Huguier shall have finished his communication, a part of which he has only given. In awaiting, we will publish the following note from Dr. Lefevre, on the same subject.—ED. GAZ. HEBDOM.]

There is a form of partial inflammation of the uterus, that, hitherto, appears not sufficiently to have attracted the attention of practitioners, and which seems unknown to a greater part of them, though it has been signalized by some authors, particularly by Professor Chomel. I allude to a form of metritis, which occupies exclusively the neck of the uterus.

When the neck is inflamed, to the complete exclusion of the body of the uterus, it will acquire a considerable length, which has been considered by some pathologists as a modification produced by age; by other anatomists, again, it has been viewed as a consequence of prolapsus uteri. There have resulted from this confusion, errors in diagnosis, of a serious nature. I have thought it would not be altogether useless to call attention to a form of disease occurring so often in practice.

I have sought to discover the causes of these errors, and I have been compelled to attribute them to the persistent silence of authors on this affection, and on the symptoms that distinguish it from displacement of the uterus, together with the confusion that prevails in the nomenclature of uterine diseases—a confusion, which, in spite of the efforts of some authors, and especially the authors of the "*Compendium*," still predominates over science.

If I should propose to treat this question in its whole extent, I should be carried beyond the limits imposed to this work, which has no other aim than to describe a particular form of inflammation of the neck of the uterus, with some of its morbid modifica-



tions, and to establish a differential diagnosis between this disease and the displacement of the uterus. The idea of this communication was suggested by the many cases of this affection, which have been offered to my observation the present year—cases in which the practitioners who have preceded me in treating the patients accidentally committed to my care, have made very grave mistakes.

In two cases in which the affection was carried to the highest degree, the neck of the uterus had at times the length of the index finger appearing at the orifice of the vulva. The daughter of one of our colleagues—the late Dr. D.—has afforded me an observation of one of the most remarkable of these cases. The two patients to which I allude were treated for prolapsus uteri; and each had worn a Gariel pessary, which would generally escape through the labia, or, if it remained introduced, was the cause of the most acute suffering. The mother of one of these patients, the dowager Madam D., known to many of the members of the Academy, and a mistress *sage femme*, came from the country where she inhabited, for the purpose of having me, with her, examine her daughter. She recognized, as well as myself, the enormous length of the neck, which was encountered by the finger between the labia externa pudendi, and which was accessible to the view when the labia were separated. In the case of Mademoiselle D., a mistake in the diagnosis was impossible, and the least possible reflection was sufficient to banish the idea of a depression of the uterus, for the body of that organ was in its accustomed location, situated very high in the cavity of the pelvis; it was even with difficulty that we could arrive at the utero-vaginal cul-de-sac, and it was necessary, for this purpose, to depress the walls of the abdomen, at the same time that the finger was pressed upward behind the symphysis pubis, to the extremity of the neck, or that it was pressed against the coccyx to explore the anterior portion of the cul-de-sac.

In the other case, error was almost inevitable. I had believed it, myself, to be a prolapsus uteri, and my error in diagnosis has continued during a great part of the treatment. This error arose from two special conditions: 1st, The neck, tumefied, elongated, conical, fusiform, quite voluminous (the woman had never had a child), made a forward projection of the vulva. 2d, At a moderate distance from the vaginal orifice, the body of the uterus could be perceived, and the finger could promenade with facility entirely around the utero-vaginal cul-de-sac. Like Lisfranc, I thought the patient affected with a prolapsus of the uterus, in consequence of previous inflammation of this organ; and to obtain the reduction, I considered it my duty to abandon the pessary employed, and to prescribe for the phlegmasia. I confess, however, that I entertained doubts concerning the correctness of my diagnosis, and it was only when the inflammation of the neck was partially subdued, I perceived I had fallen into an error, in which my brethren had

participated in their anterior treatment of the case. The uterus not ascending in proportion as the inflammation was diminished, as generally happens, I endeavored, by means of upward pressure on the lower part of the abdomen, to raise that organ, but I did not succeed, the vagina not elevating, and the attempt being painful. I ascertained an unusual brevity of the vagina. I assured myself at the beginning of my treatment, by means of hypogastric palpation, and rectal exploration, aided by vaginal touch, that the volume of the uterus was normal, and did not participate in the phlogistic state of the neck. The disease of this patient is cured, and I have since assured myself that there is a considerable degree of brevity in the vagina.

In these two cases, as also in many others which I have been called upon to observe, besides the usual signs of uterine affections, there existed a redness of the membranes of the neck, as well externally as internally; an augmentation of their secretions, which were whitish, opake and purulent; tumefactions, local pain, and abnormal heat; the os slightly open, permitting a view of the interior of the neck, to a more than normal depth. What proves this, moreover, to be an inflammatory state, is the fact that it yields to antiphlogistics; but what affords demonstration that the neck only was inflamed in the patients under my care, is the circumstance that there existed, between the tumefied parts of the neck, and the body of the uterus, a species of contraction (*retrécissement*) very perceptible, and especially appreciable on the sides. The contraction manifested itself likewise in other cases.

I have encountered this elongation of the neck of the uterus, with women of every age, but its physical character was different from that which we assign to inflammation of this viscus. I will state what I have observed in these cases, and nothing but what I have observed.

The thickness of the walls of the neck was more than doubled, and consequently its volume was augmented, and this augmentation modified also its length, which was sometimes more than tripled. Nor was the form of the neck, properly speaking, changed, but merely prolonged, exaggerated. Most frequently this neck represented a cone, base superior, and performed the office of a pessary in the vagina.

The announcement of this state suffices to give it a determinate pathological signification, and to assign it a place among the species anatomo-pathologic. It could be nothing else than hypertrophy.

What are the symptoms of this lesion? Besides the physical signs which we have just described, there exist the phenomena of the vicinage, common to the other uterine affections, but coitus, above all, is impossible.

I have been induced to treat my patients affected with this hyper-

trophy, after the method of treatment which the doctrine of engorgements would suggest as proper.

According to Velpeau, the word engorgement, pathologically speaking, signifies nothing. His daily experience authorized him to consider the pretended engorgements as so many deviations. If the word engorgement signifies nothing, we should erase it from our medical vocabulary, and not make it a synonym of deviations. We should erase it, because we singularly abuse the word engorgement, making it the equivalent of the most dissimilar alterations or changes—hypertrophy and atrophy, congestion and anæmia, induration and *ramollissement*, the cancer and the tumor, inflammation and osteo-calcareous transformation, &c. Now each of these conditions having already its nomenclature made when it occupies other organs, why not follow the same philosophical method for the uterus, and describe each in isolation, of its proper lesions, with or without their complications? As long as the present custom prevails, so long will endure great obscurity and confusion in the diagnosis and treatment of these affections.

### Bibliographical Notices.

*A Practical Treatise on the Diseases of Infancy and Childhood.* By T. H. TANNER, M.D., F.L.S., Licentiate of the Royal College of Physicians, late Physician to the Hospital for Women, &c. Philadelphia: Lindsay & Blakiston. 1859. 12mo., pp. 464.

THIS book differs from many other works of the kind in embracing a wider range of subjects than is usually contained in treatises on children's diseases; besides the ordinary complaints of those subjects, it includes many affections which, though common to adults and children, yet offer some modification in form or in the indications for treatment, when occurring in the latter. Thus, we have an account of diseases of the eye, ear and skin, of smallpox, scrofula, tuberculosis, syphilis, bronchocele and cretinism, diseases of the kidneys and genital organs, and some of the accidents common to childhood.

The style of the work is condensed, and the book might with truth be called a manual, rather than a treatise, but there is nothing superficial about it—everything really important is given, while the discussion of disputed subjects, and, in fact, of everything which is not of practical importance in the study and treatment of children's diseases, is omitted.

We consider the views of the author on the subject of therapeutics as rational in the highest degree. He discountenances the system of over-drugging and over-depletion which are recommended by so many writers in this department of medicine; while he is by no means sceptical as to the value of medicines, if administered with judgment. Thus, speaking of bloodletting, he says that children bear bleeding badly, and that the abstraction of blood is rarely necessary in the treatment of their diseases. Hence, it should not be resorted to without due consideration, and, if possible, should rather be effected by means of leeches, than by opening a vein.



A section on Moral and Intellectual Training has been introduced, with some remarks as if the author feared it might be thought out of place. We are sure, however, that no one will peruse it without feeling that it is a valuable and welcome addition to a work on the diseases of the young, since it points out the important bearing which the moral nature has upon the physical, and the way in which they may be made to re-act upon each other, to the improvement of both.

The work contains a chapter on the nature and effects of the different medicinal preparations which are of most value in the treatment of infantile diseases; and an appendix of formulæ is added, which will be found of great convenience to the practitioner.

We cordially recommend Dr. Tanner's book as an excellent guide in the study and treatment of the diseases of children.

For sale in Boston by Ticknor & Co.

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*Extracts from the Records of the Boston Society for Medical Improvement.* By F. E. OLIVER, M.D., Secretary. Vol. III. Boston: printed by David Clapp. 1859. 8vo., pp. 459.

As is well known, the proceedings of the Boston Society for Medical Improvement have for many years been published in *The American Journal of the Medical Sciences* or *The Boston Medical and Surgical Journal*. As fast as sufficient materials accumulated they have been collected together in volumes, which have been quietly placed upon the shelves of the members.

The third of these volumes has just appeared, and seems worthy of something more than the same respectable burial granted to its predecessors. In addition to a large number of cases, there are papers upon subjects of the greatest interest to every medical man.

We intended to mention some of the contents, but on ascertaining that the index covered fourteen pages, abandoned the task as hopeless. It was found impossible to select from the abundance, without doing injustice. We feel sure, however, that all will find something to repay them for the time spent in consulting the work.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 12, 1859.

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### AMERICAN MEDICAL ASSOCIATION.

THE Annual Meeting of this Association was held in Louisville, commencing on the 4th inst. We have not yet received a full report of the proceedings, but we learn that the attendance was large, some 300 delegates being present, including 7 from Massachusetts, and that the proceedings were conducted with harmony. The following officers were elected for the ensuing year: *President*, Henry Miller, of Kentucky. *Vice Presidents*, H. F. Askew, Delaware; Charles S. Tripler, U. S. Army; L. A. Smith, New Jersey; Calvin West, Indiana. *Treasurer*, Caspar Wister, Pennsylvania. *Secretary*, S. M. Bemiss, Kentucky.

A very small number of reports were presented, most of the committees being unprepared, and asking for a continuance.

The following resolution, offered by Dr. J. B. Lindsay, of Tennessee, was adopted :

*Resolved*, That a committee of three be appointed by the chair, to inquire into and report upon the propriety of dividing the Association into sections, for the purpose of performing such parts of its scientific labors as may relate to particular branches of medicine and surgery.

The following resolutions, appended to the Report on Criminal Abortion, written by Dr. H. R. Storer, of Boston, were unanimously adopted.

*Resolved*, That while physicians have long been united in condemning the act of producing abortion, at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this Association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

*Resolved*, That in pursuance of the grand and noble calling we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the Association present this subject to the attention of the several Legislative Assemblies of the Union, with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled may be revised, and that such other action may be taken in the premises as they in their wisdom may deem proper.

*Resolved*, That the Association request the zealous coöperation of the various State Medical Societies in pressing the subject upon the Legislatures of their respective States, and that the President and Secretaries of the Association are hereby authorized to carry out by memorial these resolutions.

Among other resolutions offered was one for the appointment of a committee to confer with a committee of the Convention of Medical Teachers, which was adopted ; also one asking for the establishment of a Board of Censors, to grant diplomas to the members of the Association ; and one that each State Medical Society be requested to appoint two delegates for each State College, to attend all examinations of candidates for graduation, to participate in the examination, and to vote on the qualifications of the candidates.

Dr. Flint, from the Committee on Prize Essays, reported that they had received four dissertations, some of which were very meritorious, but in the opinion of the Committee none of them were worthy of the prize. Two dissertations were received only two days before the meeting of the Association. It being impossible to read these, they were excluded from competition the present year.

On motion of Dr. J. B. Flint, Drs. Flint, Bowditch and Shattuck were appointed a committee to coöperate with the profession in England in their intention of erecting a monument to the memory of John Hunter.

The next Annual Meeting will be held at New Haven, Conn., on the first Tuesday of June, 1860.

*Convention of Medical Teachers.*—This Convention, called under a resolution adopted at the last Annual Meeting of the American Medical Association, met at Louisville on Monday, May 2d, and were organized by the choice of Prof. Dixi Crosby, of Dartmouth College, as Chairman, and Prof. George C. Blackman, of Ohio Medical College, at Cincinnati, as Secretary. Some thirty delegates were present, including one (Prof. Shattuck) from Harvard University.

A series of resolutions was offered, stating the objects of the Convention.

## DR. AYRES'S CASE OF CONGENITAL EXSTROPHY OF THE BLADDER.

Boston, May 5, 1859.

MESSRS. EDITORS,—In your JOURNAL of to-day I find a letter, called forth from a friend of Dr. Ayres, by the “bibliographical notice” of the latter’s pamphlet,\* which I wrote for you some time since.

I think you will agree with me, that no pamphlet ever presented a more unprepossessing external appearance than the one in question; nor were we prepared to expect that so much importance could be attached to an article, whose author, even, had not thought it worthy of attention enough to correct the obvious errors of spelling, grammar and the press, with which it abounds, and which seem strangely inconsistent with so much pretence in the title, as well as at variance with anything claiming to mark a new era, unless a retrograde one, in surgical science.

I must suppose, and it certainly compromises my good opinion of him to do so, that this communication of Dr. Bauer’s was written with Dr. Ayres’s cognizance, and that it is he, feeling himself aggrieved by my notice, who charges me, through his friend, with personality, inconsistency and incompetency. With reference to these charges, and with no intention of entering upon a controversy, I take the liberty of writing you a few lines, explanatory and defensive.

Permit me in the first place, then, to state that I never heard of, or saw, nor know any one who ever did see or hear of Dr. Ayres, and that I have no cause, direct or indirect, for any private or personal feelings whatsoever against him, and that no animosity of any description was intended to be concealed behind the severity of the criticism of which he complains.

And then, as to “misstating,” “garbling” and “distorting” the results of the case, I can only declare that I quoted them in the words of the pamphlet, and that I now find they differ in no way from the re-statement of them as made by Dr. Bauer.

The case of Cabrol, which seems to have annoyed them so much, was not a case of extroversion, nor so stated to be, and I was guilty of no inconsistency, therefore, in alluding, incidentally, to the successful operation performed in that instance. Contrary to Dr. Bauer’s assertion, that case is alluded to by Nélaton, Vol. IV., p. 522, in a chapter entitled *fistules urinaires de l’ombilic*; also by Vidal, Vol. IV., p. 706, under the head of *anomalies et difformités de la vessie*, and I selected it, for the very reason of its celebrity, as best calculated to show that the theory as to the originating cause of vesical extroversion, advanced as original by Dr. Ayres, already covered another and entirely different class of cases, of the existence of which he was evidently totally ignorant. In this connection, and as it were by way of parenthesis, I cannot but express my astonishment that any one able to read French, either with or without a dictionary, should write an article on extroversion without consulting Chopart, as is admitted, or without having seen the article of Dr. Duncan, in the Edinburgh Journal, a fact made evident by the manner in which it is referred to.

Complaint is especially made of my expression in the notice, that “the pretensions of the title-page are not sustained,” and it is declar-

\* Congenital Extrophy of the Urinary Bladder, and its Complications, successfully treated by a New Plastic Operation. By Daniel Ayres, M.D., LL.D., Surgeon to the Long Island Hospital. New York: 1859.



ed by Dr. Bauer to be an "incompetent opinion," inconsistent with a complimentary allusion to the operation. A person surely may compliment originality of design shown in an operation, and yet fail to see evidence of the success of that operation. Is it all which is required to make the treatment of extroversion "successful," to bring a flap of integument in front of the exposed bladder, and so make a "urethra, one and a half inches long, admitting the little finger"? or of its complications, for a prolapsus to still descend, so that even a "simple pessary" is required for its retention? What has been accomplished that a hollow shield or an "appropriate apparatus" would not not have equally or even better effected? The incontinence, the odor, the inability to obtain employment, still exist. No evidence is to be found in Dr. Ayres's pamphlet that the "surrounding integuments were corroded by urine," as asserted by Dr. Bauer, who knows, by his own case presented to the Medical Society of London, that it is an effect not always produced. Necessity cannot be urged on this score, then, for so hazardous an operation. Farther than this, in a case of such a nature, the result is not likely to be improved by time, and for this reason, if for no other, so severe an operation is not entitled to be called a "perfect success" at the expiration of only forty-four days from its performance, when the withering and contraction, always succeeding plastic procedures, can hardly have commenced.

Plastic operations have been done before (by both Dieffenbach and Langenbeck,) for the relief of extroversion; the material for covering in the bladder being taken from the contiguous integuments of the abdomen, as in this case. In what, then, even if, in these operations, the result was unsuccessful, are we to find the boasted "new plastic operation?" Is it in the direction given to the incisions? What plastic operation does, in practice, have strictly formularized incisions? The coat is always cut according to the cloth. Is it in the two stages of the operation? What plastic operation does not usually require a second for its entire completion?

These reasons, I think, sufficiently explain the grounds of my opinion that the author has not sustained the pretensions of his title page, by any satisfactory statements contained in the history of his case; and if so, how much less that on those extraordinary visiting-card covers, adorning his pamphlet, which reads, "A new surgical treatment for malformations of the urinary bladder."

The justice, or even the "unnecessary severity" of my criticism, after these explanations, I leave you to appreciate. Equally with Dr. Bauer, as he expresses himself in the last paragraph of his letter, I shall have "no fears that the efforts of Dr. Ayres to remove another opprobrium from surgical art will receive a more impartial adjudication at the hands of the profession," than that given him by myself.

I honor your correspondent with a notice, which neither the spirit nor the quality of his communication entitle him to, and which no renewed philippic will lead me to take of him again.

Yours very truly, H.

#### A NEW FUNCTION OF THE PLACENTA.

THE brilliant discovery of Claude Bernard, of the glycogenic function of the liver, is one of the most important advances made in the science of physiology. Important, not merely in explaining the function of so large a gland, and one so universally present in every spe-

cies of animals, but in leading, like all great discoveries, to others. It is now known that the liver has the property of secreting a substance which bears some resemblance to dextrine, and of converting this substance into sugar, which is poured into the torrent of the circulation, where it is decomposed, and becomes subservient to the nutrition of the blood.

During the earlier portion of foetal life, the liver is imperfectly organized, and does not possess the power of secreting sugar, which it acquires at a later period. The question occurs, how does the blood of the embryo, at this early period, obtain the necessary supply of sugar for its nutrition? If we suppose this to come from the maternal blood, through the placenta, we are met with the objection that the explanation applies only to the class of mammalia, and not to oviparous animals, whose young are disconnected with the mother from the commencement of their existence.

After a long series of experiments, M. Bernard has succeeded in demonstrating a new function in the placenta, during the early period of foetal life—a function precisely similar, and complimentary to that of the liver after birth, viz., the secretion of sugar. The secreting part of the organ consists in a whitish substance, composed of agglomerated epithelial cells, which, like the cells of the liver in the adult animal, are filled with glycogenic matter. In animals which have a single placenta, the vascular and glandular portions of the organ are mingled together; but in the ruminants, whose placenta is multiple, the glandular portion is quite separate from the other part, being developed on the internal surface of the amnion. Owing to this anatomical disposition in the ruminants, it is possible to demonstrate that the vascular portion of the placenta continues to grow uninterruptedly till birth, whilst the glycogenic portion, attached to the amnion, increases during the early period of intra-uterine life, attains its highest point of development at the third or fourth month (in calves), and then gradually disappears, undergoing the various changes of degeneration and atrophy, until at birth no trace of this temporary hepatic structure remains.

A most interesting paper on this subject, by M. Bernard, may be found in the last number of Dr. Brown-Séquard's *Journal de la Physiologie de l'homme et des animaux*, giving full details of this most important discovery, and illustrated by lithographic drawings. To this we refer those of our readers who are not satisfied with the slight sketch which our limits will only allow us to present.

#### BIOGRAPHICAL SKETCH OF DR. ISRAEL HILDRETH.

DIED, in Dracut, April 6th, Dr. ISRAEL HILDRETH, aged 67 years.

The subject of this notice was born in the town of Dracut. The family to which he belonged has, for many generations, ranked among the most intelligent and influential in that ancient town. His father was widely known throughout the county as an upright magistrate and an excellent man. Having made choice of a profession, the doctor diligently pursued his studies under the direction of the late Dr. Thomas, of Tyngsboro,' and subsequently of Dr. Wyman, then of Chelmsford, afterward the distinguished superintendent of the McLean Asylum. Under these able and accomplished masters was the foundation laid of his future professional success. Having attended a full course of medical lectures at Boston, he was, in the year 1815, licens-



ed by the Censors of the Mass. Medical Society to practise medicine and surgery. He commenced his professional labors in his native town, and on the spot where he was born, and entered at once upon a good business. A few years later, the now thriving city of Lowell sprang into existence, upon the other side of the Merrimac river, and but about a mile from the doctor's residence. His practice at once became more widely expanded. He was extensively employed in the rising town as an attending physician, through many years, and, until he voluntarily left practice, was often applied to for consultation by his junior brethren. Later in life, he engaged in pursuits outside of his profession, and having ample means, and not dependent upon his practice for a support, he gradually relinquished it.

Dr. Hildreth was endowed with most extraordinary powers of mind. His native eloquence, as well as his peculiar tastes and talents, especially adapted him to the forum or the bar, and if circumstances, in early life, had led him in that direction, he would have attained the highest eminence. In the equally useful and honorable, though less showy profession which he selected, he held an enviable position. He was a keen, sagacious observer of the phenomena of disease, and hence a successful practitioner. Though educated at a period when it was fashionable to give medicine more freely than would be tolerated at the present day, he never fell into the prevailing error. In this regard, he was in advance of his time.

Amid the calls of a laborious profession, Dr. Hildreth found time for general reading, and the cultivation of his strongly-marked literary tastes. He was perfectly familiar with history, ancient and modern, and with the whole round of English literature. In ordinary conversation, as well as in set speeches and addresses, his thoughts were clothed in undefiled English; yet there was never a spice of pedantry about him, or the slightest attempt at display. It was all as natural as it was easy and graceful. Being eminently social in his feelings and habits, and possessing a mind stored with varied knowledge, and a memory that never lost an incident that once came within its grasp, he could not fail to be one of the most interesting and delightful of companions, and such indeed he was.

Long will the doctor's memory be cherished by his numerous family, to whom he was greatly endeared, and by a wide circle of attached friends.

E. H.

*New York Asylum for Criminal Insane.*—This Asylum, recently erected at Auburn, was opened in February last, and has received thirty-two patients. About twenty more are soon to be sent there by the authorities. Its capacity is at present for sixty-four patients, and it will probably soon be filled. Dr. Edward Hall is the superintendent and physician.—*Am. Journal of Insanity.*

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MARRIED,—In Saco, Me., April 21, Charles Jordan, M.D., of South Reading, Mass., to Miss Mary P. Cole, of Saco.—At Hazel Green, Wis., 4th inst., T. Frazer Rumbold, M.D., to Miss Emma S., daughter of Dr. M. Meeker, both of Platteville, Grant Co., Wis.

*Deaths in Boston* for the week ending Saturday noon, May 7th, 86. Males, 49—Females, 37.—Accident, 5—aneurism of the aorta, 1—inflammation of the bowels, 3—inflammation of the brain, 1—congestion of the brain, 2—cancer in the face, 1—consumption, 21—convulsions, 3—cholera infantum, 1—croup, 1—dropsy in the head, 7—puerperal disease, 2—erysipelas, 1—scarlet fever, 1—gout (rheumatic), 1—homicide, 1—disease of the heart, 2—hip disease, 1—intemperance, 1—inflammation of the lungs, 9—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—old age, 2—pericarditis, 1—premature birth, 1—smallpox, 3—sore throat, 1—disease of the spine, 1—suicide, 2—teething, 4—tumor of the neck, 1—unknown, 1.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 31—between 40 and 60 years, 16—above 60 years, 4. Born in the United States, 52—Ireland, 23—other places, 11.



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## THE CASE OF REV. T. B. THAYER.

BY GILMAN KIMBALL, M.D., OF LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

IN The Boston Medical and Surgical Journal of March 31, I notice an allusion, for the second time, to the case of Rev. T. B. Thayer, who met with a severe accident in this city some six months since. The remarks in question contain the following statement: "The actual facts of the case, as we learn, are that, at the consultation, one of the medical gentlemen was in favor of amputation, the other two were opposed to it, and hence it was not done."

I am unable to comprehend how this view of "the actual facts of the case" could have been acquired. Having been present at every consultation in the case, I am enabled to say that no proposition to amputate was ever made by any one; and of course there could have been no occasion to oppose it. The only allusion to the subject had reference merely to an event that *might* become necessary at some future day.

But inasmuch as the case has been made a matter of such extraordinary interest to the public generally, and at last been fairly introduced to the notice of the profession, it is perhaps worth while that its real history should be more fully stated.

The accident to Mr. Thayer happened on the 20th of October last. While driving through one of the principal streets of Lowell, his horse became frightened and ran away, upsetting the carriage, and throwing himself and wife with great violence upon a sidewalk, on which lay a quantity of household furniture.

Upon being taken up and carried into a neighboring house, a messenger was immediately sent to procure surgical assistance. Dr. Dalton reached his patient in a few minutes, and found his thigh badly shattered, several teeth knocked out, and the upper jaw more or less broken. At the request of Mr. Thayer and several of his friends, I was sent for. A more critical examination by Dr. Dalton and myself showed the injury to have been more serious than at first suspected. The force producing it had

fallen upon the outer side of the limb, immediately above the condyle, making a flesh wound, through which the finger could be readily passed to an extent sufficient to determine the fracture to be of a comminuted character. A portion of the outer condyle had been broken off, but not much displaced. The shaft of the femur was broken obliquely, in a direction from before backward, beginning at a point something more than two inches above the patella. Although suspected at the time, nothing subsequent ever made it fully certain that the bone was fractured at any other point. The patella was displaced, and lay passively on the inside of the knee-joint. The limb was shortened about two inches.

In view of the probability that the restraint ordinarily required for the proper adjustment of so severe a fracture would sooner or later be found insupportable, the limb was treated with the most simple apparatus. Sanborn's splint was accordingly applied—the limb being brought down to its proper length, and secured in the usual manner with adhesive straps and bandages. The patella still lay passively on the inside of the knee.

So far as the limb itself was concerned, nothing unusual occurred till after the lapse of three days. At this time there began to appear evidences of severe local inflammation, accompanied by decided marks of great constitutional disturbance. Indeed, from the beginning, it was evident that the system was laboring under the effects of a severe shock, as shown in part by a total inability voluntarily to evacuate either the bladder or the bowels. The suffering incident to these conditions was most intense. The bladder was readily enough relieved, of course, by the catheter, but the bowels remained unrelieved, in spite of cathartics and enemas, for some eighty hours, and all the while enormously distended with flatus.

The aspect of the case had now become so alarming, that Dr. Dalton proposed further counsel, and after telegraphing to several surgeons in Boston, finally succeeded in procuring the attendance of Dr. Warren.

A consultation was held by Dr. Dalton, Dr. Warren and myself. The limb had already been relieved of the splint and bandages, and lay in a passive state on its outer side, and shortened some two and a half inches. Considerable swelling had occurred all the way from the knee to the hip, and the flesh wound had taken on a bad look. In short, erysipelas had already become established, and the swelling incident to it showed that it was decidedly of phlegmonous character. In this state of things a critical local examination was impracticable; but the whole aspect of the case, local and constitutional, as it struck Dr. Warren, led him to entertain, and to express, strong hopes of recovery. The question of the expediency of amputation was not discussed (indeed, a proposition for such an operation was never made by any one, from the beginning to the end of the case).

Immediately following the consultation, the condition of the patient in all respects changed for the worse. The erysipelatos inflammation extended rapidly, and in less than sixty hours had run up the whole length of the thigh, involving, all the way, the subcutaneous cellular tissue of the limb. Beyond the ilium to the axilla, the inflammation was simply cutaneous.

Alarming constitutional symptoms also immediately arose, as was shown by the weak and rapid pulse, and an almost overwhelming degree of prostration, with a continued distension of the bowels, and inability to evacuate the bladder.

This was the state of things ten days after the accident. The limb itself was now in a condition that demanded immediate relief, not only on account of the extensive disorganizing process going on in the subcutaneous cellular tissue, but with the view of checking, if possible, the disastrous effects of this change upon the system. An incision was therefore made down to the superficial fascia, extending the whole length of the thigh, from the original wound to the inferior spinous process of the ilium. The cellular tissue to this extent was gangrenous, allowing large quantities of it to be drawn away at once with the forceps. Very little bleeding attended the operation of incision, but in the course of some eight hours after, upon removing the dressing, it was discovered that the oozing from the cutaneous vessels had been very considerable, and consequently had induced rather an alarming degree of prostration. The bleeding, however, was easily stanchcd, and no permanent harm followed.

Upon clearing away the dead tissue from the under part of the limb, an opening was brought to view, large enough to admit readily the little finger. Through this it was ascertained that the lower fragment of the shaft of the bone had been thrust nearly through the soft parts, and the pointed end of it was still lying near the surface, and separated from the upper fragment to the extent of half an inch. It was discovered, also, to be denuded of its periosteum. Any attempt, however, at this juncture, to place the limb in a position to secure any better relation of the bony fragments was utterly impossible. Every movement, whether of the body or limb, was only effected with the greatest difficulty, and always with extreme suffering.

Although the chances of saving the life of the patient had now begun to improve, the condition of the limb was such as to afford very little if any hope of its finally escaping amputation.

The discharge incident to the erysipelas continued enormously abundant, and the prostration consequent upon it still very great. Under these circumstances, stimulants and nutriment, in the form of wine, porter, eggs, mutton-broth, beef-tea, &c., were taken in large quantities, and with the happiest effect. Quinine, also, was given in doses of two grains every four hours, and continued unremittingly for some six days.



Under this course of treatment, from this time onward, for the next four or five weeks, at least, the condition of the patient regularly but slowly improved. The limb itself had assumed a more hopeful appearance—the extension of inflammation had been effectually controlled by the free incision—the opening communicating with the fracture had begun gradually to close, and appearances, general and local, were such as to afford assurances that, after all, both life and limb were to be saved.

At about the end of the seventh week, means were applied to overcome the shortening of the limb, which at this time was between three and four inches. For this purpose, a weight suspended over a pulley was attached to the bottom of the foot by means of a loop, made from strips of adhesive plaster, secured to either side of the leg. This arrangement was successful in reducing the shortening to about two inches in the course of a week. A still further gain had been hoped for and expected, but the force necessary to effect it was found insupportable. It was sufficient, however, to bring the fractured bones into a better relation with each other, and thereby establish a process of bony union, which had hitherto been wholly absent.

The process of reparation from this time went on uninterruptedly and satisfactorily; but, as a new feature in the case, there supervened, in the course of the sciatic nerve, and especially at the point of injury, severe neuralgic pains, recurring in paroxysms, several times in the twenty-four hours, and sometimes lasting for several hours at a time. They seemed, however, to occasion no hindrance to the process of union, and evidently abated both in severity and frequency as this process became more complete.

On the eighty-third day from the date of the injury, the patient passed into other hands. Since then, I understand, he has continued to improve, so that by this time (excepting, of course, the shortening of the limb), I suppose he may be considered nearly or quite recovered.

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#### STATISTICS OF OVARIOTOMY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the number of your deservedly popular JOURNAL for May 5, 1859, for the perusal of which I am indebted to your courtesy, you do me the honor to offer some comments on a paper which I published in the April number of the *American Journal of the Medical Sciences* for the current year, on the deeply interesting subject of the surgical treatment of encysted tumors of the ovary. Permit me to say, *in limine*, that I duly appreciate the spirit of candor and fair-mindedness, which dictated the strictures you have thought it proper to offer on my humble performance, and that, in endeavoring to set myself right and to maintain the

main position of my essay, assailed by you, I shall be actuated by the same spirit—for what will it advantage either you or myself to try our controversial skill, reckless of the truth, which it is, I trust, our aim to elicit?

The main position of my essay, referred to, respects the inventor of ovariectomy, or the total ablation of the ovaria, degenerated into an enormous mass of disease, undermining the constitutions of its unfortunate subjects, and conducting them, slowly but surely, to a premature grave. Who is this great benefactor of the race, is the mooted question between us. In my essay I have, boldly and confidently and proudly, indicated the late Dr. EPHRAIM McDOWELL, of Danville, Ky., as the man who alone is entitled to the imperishable honor; you, on the contrary, point to L'Aumonier, a French surgeon of the latter part of the last century, as the individual who first attempted the operation. In support of your adjudication, you quote from a prize Essay by Dr. George H. Lyman, of Boston, entitled "History and Statistics of Ovariectomy," the following *résumé* of L'Aumonier's case:

"Marie Louise Lagrange; prostitute; age, twenty-one; the disease apparently followed delivery; exhausted from colliquative diarrhœa; had obstinate diarrhœa, and purulent discharge from vagina increased by pressure on the tumor. Incision, four inches, along lower edge of obliquus externus, and a scirrhus ovarian cyst, the size of an egg, was found in connection with an abscess, which was tapped; and a pint of dark fœtid pus issued from the Fallopian tube, with which the ovarian abscess communicated. The adhesions were torn away between the tube and ovary, and the latter removed. No ligature used, though there was some hæmorrhage from a branch of the spermatic artery. The cavity of the tubular abscess was filled with lint, dipped in the yolk of an egg and in honey, with cataplasms over the whole, the external wound not being closed. The intestines were so strongly adherent to each other and to the peritoneum, as to retain their place without protrusion through the wound. She was very low until the sixteenth day, when cerebral symptoms arose, which ceased on the appearance of the menses. Suppuration from the abscess ceased the twentieth day; and she left the hospital, well, Feb. 20, the operation having been performed Jan. 5, 1782."

Before I proceed to institute an examination into the claims of L'Aumonier, allow me to premise that Dr. Lyman's researches appear to have removed some of the obstructions to a just settlement of the historical question at issue, inasmuch as MM. Dzondi and Galenzowski have been thrown out of the ring, and we have only to decide between L'Aumonier and McDowell. And in the more detailed account of L'Aumonier's case, furnished us by Dr. Lyman, we have ample data to guide us to a correct decision. Be not offended if I pray you to read again the details of L'Aumonier's operation and to ponder them soberly and impartially, and then tell me whether or no it is your deliberate judgment that *ovariotomy* was really performed by him? Obviously, as it seems to me, the French surgeon meditated nothing more than to open an abscess, palpably revealed by the issue of pus from the genitals, when pressure was made upon the tumor in the iliac region. Whether the abscess were seated in the ovary or in the areolar



tissue of the broad ligament, he did not, and, in the nature of the case, could not know: and whether, in fact, its seat were the one or the other, or neither, does not clearly appear to us from the record. But granting that it was ovarian abscess, and that L'Aumonier diagnosticated it as such, what object must be supposed to have been before his mind, when he undertook to relieve his patient by operation? Why, evidently he purposed only to give vent to the pent up matter, and to take further action according to the circumstances that might be disclosed. Hence the freer incision than was needful merely to evacuate the matter of the abscess, which brought to view what he took to be *a scirrhus ovarian cyst, the size of an egg*. What proof have we that this cyst, the size of an egg (whether a goose's, a hen's or a bird's egg we are not informed) was really ovarian? But supposing such to have been its nature, it must be evident that tearing it away was incidental to the operation and not the operation itself, which was, as already stated, *tapping a puerperal imposthume*—nothing more, nothing less.

In reference to L'Aumonier, I used the following language in my essay, and should the ghost of the worthy Frenchman confront me, I would not modify it or mollify it in the slightest degree, because I believe in my conscience that it does him no injustice:—"To L'Aumonier, of Rouen, is generally awarded the credit of first extirpating a diseased ovary, and his name is generally placed at the head of the list of operators in tables of ovariectomy. But the French surgeon only opened an abscess of the ovary consequent to parturition, and is no more entitled to the credit of originating ovariectomy than he would have been had he lanced an abscess of the mammary gland."

What is the legitimate definition and true conception of ovariectomy? It is a large abdominal section, made for the sole purpose of extirpating a tumor formed by a morbid growth of the ovary, become so enormous as to encroach upon the abdominal viscera, and by its encroachment interfering with their functions and threatening the ultimate extinction of life, *though there be no immediate danger of death*. Such was the conception and such the hardy purpose of Dr. McDowell, when in December, 1809, Mrs. Crawford rode to Danville, Ky., on horseback, from a neighboring county, to seek his counsel and assistance. In no immediate danger of dissolution, she nevertheless bore in her abdomen a tumor so large as to induce the suspicion of her medical attendant that she was in the last stage of pregnancy. To free her from so great a burden, and to rescue her from her impending fate, the bold Kentuckian deliberately planned, and successfully executed, the operation of extirpating it, and you will search the annals of surgery in vain for any parallel case prior to the date of this, his first operation. But I will not trespass further on your valuable pages by a greater amplification of the argument on this point.



After all, if it be not intuitively perceived that L'Aumonier's was no case of ovariectomy, in the technical sense of the term, argumentation is perhaps vain.

There is one other point in your criticism that does not prick me, and I am not, therefore, over anxious to blunt it. It is the grave error I have committed, as you say, touching the mortality attendant upon the operation of ovariectomy, by relying on the statistics of Dr. Washington L. Atlee, in my ignorance or slight of the labors of your townsman, Dr. George H. Lyman, who has detected capital errors in Dr. Atlee's calculations, and made it appear that the mortality reaches as high as 40·13 per cent., instead of 26½ per cent., as Dr. Atlee estimates it. Now, I submit that this difference in the per centage of mortality does not invalidate the argument of my essay, for if the inevitable tendency of the disease is to fatal termination, unless it be arrested by the knife, the increased mortality exhibited by Dr. Lyman ought not to deter surgeons from undertaking the operation. In this connection allow me to tender my thanks to Dr. Lyman for a copy of his prize essay, which was received by the same mail that brought me the number of the Boston Medical and Surgical Journal, containing your strictures on my essay, to which I have attempted to reply; with what success, I leave you and your readers to decide, promising to trouble you no further on the subject. I will only add, in conclusion, that I was not aware, at the time I penned my essay, that Dr. Lyman had published anything on ovariectomy, and I could not, therefore, intentionally overlook the judicious, calm and philosophical contribution which he has made to the literature of our subject.

With much respect I am

your obedient servant,

Louisville, May 11, 1859.

HENRY MILLER.

#### SUPPURATIVE IRITIS, AND CONTINENTAL OPHTHALMIC PRACTICE, WITH ITS RESULTS.

BY RICHARD DANIELL, M.B., L.R.C.S.I., RESIDENT ASSISTANT IN ST. MARK'S OPHTHALMIC HOSPITAL, DUBLIN.

In the number of the *Dublin Hospital Gazette* for October 15, 1858, three cases have been published by Dr. Hildige, of "Suppurative Iritis," observed by him at the cliniques of Arlt and Jäger, at Vienna. As this disease is, I believe, quite unknown in this country, and as I cannot find any mention of it in our works on ophthalmic surgery, I think a few observations on those cases may not be out of place. I do not deny the existence of this form of internal ophthalmia in other countries; possibly climate, food, and constitution, may all modify and influence disease, and hence the difference between the typhus abdominalis of the Continent and our own true Hibernian maculated fever.

The complication of onyx, or pus in the anterior chamber, in cases of iritis, is rare, and is either produced by ulceration of the membrane of the aqueous humor, as shown by Tyrrell; is caused by a "pustular tubercle" bursting, as described and figured by our distinguished countryman, Dr. Hewson, in his treatise, "On Venereal Ophthalmia;" or produced by the opening of an abscess in the substance of the iris, as was pointed out by Mr. Wilde some years ago, in his "Report on the Progress of Ophthalmic Surgery," published in the *Dublin Quarterly Journal* for May, 1848. In one of the cases which he has recorded, the disease arose from injury of the cornea, and "upon the pus clearing off, so as to permit the lower segment of the iris to be examined, it was found to possess the rare appearance of an abscess in the substance of its tissues; an open ulcer, from which the pus discharging was plainly visible upon the iris." In another, that of a man aged thirty-five, when all the inflammatory action had subsided, the peculiar puckered white cicatrix of the iris (shown by a wood cut) was observed. The author adds, "The iris could not possibly have received an injury at the place where the cicatrix is situated." It is also possible that the serous membrane lining the whole of the chambers may, as in empyema, secrete purulent matter; and possibly these are the cases described, although there is no statement as to the source of the pus.

With regard to the treatment of those cases of "suppurative iritis" described by Dr. Hildige, I fully agree with him that "although the most powerful antiphlogistic treatment is [may be] employed, it has not the slightest effect in arresting the secretion of pus;" "that paracentesis of the cornea only seemed to increase the rapidity of the secretion;" and that "in weak, debilitated subjects, who have been already bled, and treated with calomel and nauseants, and whose stomachs have become so irritable that they cannot bear the simplest food, it is evident that *a continuation of the antiphlogistic treatment, as recommended in most of the works of the present day, is altogether out of the question.*" I beg, however, to take exception to the last clause. May I ask, is this a fair statement of the practice of British surgeons? Is it fair to the school of Tyrrell and Dalrymple—is it fair to Professor Jacob, whose practical "Treatise on Inflammations of the Eyeball" surely inculcates no such doctrine? Many of my readers know that such is not the practice at St. Mark's Ophthalmic Hospital; but, on the contrary, the free administration of bark in combination with oxymuriate of mercury or iodide of potassium, with counter-irritation, slight local depletion, either by leeches or cupping, and a generous diet, has been for years the practice of Mr. Wilde, as long since described by him in the *Dublin Quarterly Journal* (see Number for May, 1848); and every student knows that this is the practice of many eminent surgeons in this city, who find these combinations of tonics and specifics better than de-

coction of seneka! as prescribed by the younger Jäger, of Vienna.

As I have already stated, the complication of onyx is extremely rare, and when it does occur, should not, according to Mr. Wilde's opinion, be meddled with, as it is almost always absorbed, provided proper treatment be resorted to.

In the first case related by Dr. Hildige, that of a laborer, aged thirty, with non-specific iritis, the treatment consisted in the instillation of atropine frequently into the eye, leeching, and calomel in two-grain doses, every two hours. Two days after admission, the anterior chamber of this man's eye was found to contain a "small quantity of pus, the situation of which was influenced by the position of the patient; and, as it increased rapidly," an incision was made into the inferior portion of the cornea by Jäger, to give exit to it. To do so, the whole of the aqueous fluid must have been evacuated, and a very large incision made to let out the pus; but we have no account of how it was done, or to what extent, although all English writers express the manifest difficulty of doing so. Even St. Ives proposed to syringe out the anterior chamber, so difficult did he consider the evacuation of the pus in these cases.

In twenty-four hours, the pus having accumulated, the cornea was again opened, and the patient put upon decoction of seneka. During the next few days, paracentesis was several times performed, and emetics administered, with derivatives of various kinds. In this country we have not yet learned the use, or at least the value, of emetics in iritis complicated with onyx, or in purulent deposits in any part of the body. Well, the case went on, notwithstanding the emetics and the tapping; and then we learn that the anterior portion of the cornea, including the membrane of Bowman (the so-called anterior elastic cornea), the internal layers, together with the membrane of Descemet (the membrane of aqueous humour)—or, in simple English, the whole substance of the cornea—was more or less opaque, *particularly near the incision*, which, it is more than probable, produced the entire of the corneal affection. Then we are told that the anterior chamber had nearly disappeared (no wonder, after all the tapping), and that the iris and cornea were adherent in two places; that the pupil was filled with lymph, and vision was extinguished.

Now, this case has been brought forward to prove "that when a depleting treatment has exhausted the patient, without arresting the suppurative process, some other means must be had recourse to." If by a depleting treatment the exhibition of mercury is meant, there is no doubt that where the pus has formed in the anterior chamber of the eye, salivation is worse than useless—it is actually injurious. That this was a case admirably suited for the tonic plan of treatment I have described, I am sure my readers will agree.

The second case was one of acute iritis, called suppurative; but



no account of the disease is given, none of the symptoms detailed, nor the appearances described, particularly as to where the pus came from. The same treatment was pursued as in the former. Paracentesis of the cornea was twice performed, but the pain continuing, the operation of iridectomy, or excision of a portion of the iris, was had recourse to, when the pain ceased, and the purulent secretion did not return. At the end of fifteen days, the patient was discharged, "the eye being almost perfectly normal." Whether the portion of iris was removed through the cornea or sclerotic is not mentioned, neither is the amount of vision stated; therefore this case must be considered in all these respects defective.

The last case is one of "specific suppurative iritis," the description of which is summed up in the following words:—"Symptoms of irido-cyclitis and choroiditis manifested themselves during the relapse of a syphilitic iritis," which, it must be remembered, had previously yielded to "appropriate treatment." "Iridectomy was immediately performed, with the same result as before," I suppose as in the former case.

Now, in the description of a disease new to us in this country, and an operation not only new, but the propriety of which is very doubtful, my readers will, I think, agree with me in believing that something more should have been added than the bald statement which I have quoted, and that the amount of vision, as tested by reading, &c., should have been described.

The operation of iridectomy is now the newest continental fashion in ophthalmic surgery. Professor Græfe, of Berlin, has introduced it for that form of internal ophthalmia called acute glaucoma, but certainly the results of those cases reported in the journals cannot be set down as "cures," and its absolute value in that disease remains to be proved. We lately had a patient in St. Mark's Ophthalmic Hospital laboring under partial amaurosis, from one of whose eyes a large segment of the iris had been removed in England, but, I need scarcely say, without any beneficial result.

Now, we read of the "early performance of iridectomy" in cases of "suppurative iritis." Fortunately, such cases are as yet unknown in this country, and when they do occur, I think our surgeons will give the tonic line of treatment a fair trial before they resort to the measures described by Dr. Hildige.

In order to account for the great danger of this and other forms of internal ophthalmia, Dr. Hildige says: "The spindle-shaped pigment cells of the stroma of the iris lose, in all cases of iritis, but particularly in the suppurative form, their shape and color, and no doubt cause the iris to resist, more or less, the action of its muscles, so that it does not act so rapidly, or to the same extent, as in the healthy eye." This explanation is well worthy the attention of the lecturers on anatomy and pathology in our schools of medicine.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL  
IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 28th.—*A Cent arrested in the Œsophagus.* Case reported by Dr. J. MASON WARREN.

“A child 2½ years old was brought to me on Feb. 16, 1859, who four days before had swallowed one of the large old-fashioned cents, and had since been in a great deal of suffering, being unable to take any solid food, and in fact almost refusing to swallow anything. I had the child strongly held in a sitting posture, its head carried back by an assistant, and a piece of wood placed between the teeth. The finger of the right hand was now carried down the throat, and an attempt made to discover the situation of the foreign body. The spasm about the throat and glottis was very great, the struggles of the child were violent, and the respiration almost stopped by the exploration. I persevered, however, finally got my finger behind the larynx, and pressing it further on, at length obtained the slightest sensation of what might be a metallic substance, or possibly one of the cartilages of the larynx. After having made this effort once or twice, and the first joint of my fore-finger having been severely bitten, I decided to discontinue any further attempts for that day, but to resume them on the morrow with the assistance of ether.

“On the following day, being provided with sufficient assistance, and the patient being well etherized, while the teeth were separated by a bit of cork, the fore-finger of the left hand was passed down the throat, and after one or two efforts, by pressing the larynx forward, the foreign substance could be just touched by the end of the nail. This effort it was very soon necessary to discontinue, as the patient became quite purple, and the respiration alarming. A long curved polypus forceps, very flat, and smooth, was now selected from a number of instruments, which had been used for removing foreign bodies from the throat. The fore-finger of the left hand was carried down as before, and the larynx being protected so that the instrument should not pass into it, the forceps was introduced laterally, and after one or two attempts the very edge of the coin seized and at once extracted.

*Remarks.*—“The difficulty in this case arose from the depth at which the foreign body had lodged, making it almost impossible to be seized without injury to the important neighboring parts, during the violent perturbation caused by the introduction of the finger and instrument into the vicinity of the larynx. To a person who is going to attempt this operation, I would advise a shield prepared of gutta percha, fitted over the first joint of the fore-finger, to protect it from the teeth of the patient, as I have often suffered for many days after from contusions received during similar operations, notwithstanding the ordinary gags and other preventions from closing the teeth.

“It is always very important, when a foreign body is lodged in the neighborhood of the larynx, that the fore-finger of the left hand should serve as a guide to the instrument, to prevent it from doing injury to the very important parts in close proximity. Otherwise the epiglottis, the edge of the larynx, or the neighboring soft parts may be seized, and very much injured by the instrument. When the foreign body is

lodged farther down the œsophagus, this is unnecessary, as the probang, or hook instrument of Dupuytren, having once entered the larynx may be manœuvred low down in the œsophagus without much danger. It is, however, proper to say, that foreign bodies very seldom lodge in this location, for if they once become disengaged from behind the box of the larynx they generally pass easily into the stomach, and nothing further is heard from them. Two or three of the first cents of the new coinage which I saw had been swallowed by children and passed through the intestinal canal, and I was very much struck by seeing this accident recorded in the newspapers as having occurred in the practice of physicians throughout the country.

"I have generally observed, that where cents have been swallowed they made their appearance about the third day afterwards. In one case it was retained about three weeks, and then passed without injury to the patient. I mention this fact, as parents are in general exceedingly anxious when a copper coin remains in the intestines of a child."

APRIL 11th.—"*Spina Ventosa*" of the head of the Tibia.—*Amputation—Recovery.* Case reported by Dr. WARREN.—"The subject of this disease was a tall, handsome looking man, 35 years of age, who about a year previous to the development of the present tumor, viz., in June, 1857, received a blow on the inside of the left knee-joint. Great swelling of the joint took place, extending partly down the leg. This accident confined him about a fortnight to his house, when the swelling gradually subsided, apparently leaving the joint in a healthy state. A tender spot, however, was left in the periosteum of the upper part of the tibia, which occasionally recalled to him the injury he had received. About a couple of months before I saw him he slipped in the street, and in making an effort to recover himself, received a strain which he referred to the tender spot near the head of the tibia. From this time the swelling gradually re-appeared at that spot, and finally so much embarrassed the motions of the joint, and produced so much pain and lameness, as to lead him to demand surgical advice.

"When I first saw him, a smooth round tumor, about the size of the doubled fist, occupied the head of the tibia. It seemed bony, elastic, and was evidently formed by some development on the inside, which was gradually stretching out and expanding the bone into a thin shell on its surface. The tumor yielded to pressure, and gave the impression that with slight force the fingers could easily break down the bone. I at once informed the patient that the bone was disorganized, that no treatment could restore it to a natural state, and that nothing was left but the removal of the limb. In order, however, to have him feel more fully satisfied in his own mind that everything had been done to save his limb, the necessity for the loss of which had taken him so completely by surprise, I assured him that after he had been placed under the influence of ether for the performance of the operation, an incision would be made into the tumor, and the diagnosis verified before proceeding to amputation.

"Having taken the matter into consideration for twenty-four hours, he decided to be governed by my advice. Drs. Lewis and Gay saw the patient in consultation with me a few days after, and coinciding with me in opinion the operation was at once proceeded with.

"The tumor being cut into, opposite the tubercle of the head of the tibia, there immediately issued a quantity of soft, brain-like matter, fol-



lowed by clots of blood. A finger thrust into the interior disclosed a smooth surface of expanded bone, with an investing membrane. Being turned upward, the finger seemed at first to enter the cavity of the joint, but this was deceptive, as it was only the head of the bone expanded in that direction into a most delicate shell. When the finger was removed, the blood at once poured out with such violence, and in so large a stream, that it was necessary to plug the aperture with a sponge to prevent the further effusion of blood, and it was very difficult to decide at that time, and at a future examination of the specimen, from what source such a rapid loss of blood could have taken place. The operation was now proceeded with, without further loss of time, and amputation performed above the knee-joint by the circular operation.

"The vessel being secured, and the stump quite dry, three sutures were introduced, but the dressing was not proceeded with till an hour afterwards, when the wound was approximated, and a compressing bandage applied from the groin to the wound, for the purpose of making slight compression, supporting the muscles, and maintaining the dressings in place. In hospital practice I have occasionally been in the habit of leaving the stump open for five or six hours, and then allowing the house-surgeon to finish the dressing after having secured any small vessels, which the reaction of the circulating system might have brought to light. In private practice, however, where a surgeon may not be immediately on the spot, I have not felt safe in doing this, but have generally proceeded as above. My object in this statement will be observed hereafter.

"The patient, having recovered fully from the effects of the ether in the course of the afternoon, passed a good night, and early the next morning was very comfortable and in a most satisfactory condition. About nine o'clock his wife, whom he had not seen since the operation, came into the room, which gave him a slight start, causing some nervous agitation. This, or some unknown cause, produced the following effect. Almost at once he began to feel a slight degree of uneasiness in the stump, followed by tension, and the dressings became covered with fresh blood. Coming in shortly afterwards, and finding the trouble was increasing, I saw at once that nothing was to be done but expose the stump, and attempt to tie up the bleeding vessels. This I proceeded to do, assisted by Dr. B. Brown, who fortunately happened to be with me at the time. A good-sized vessel was immediately perceived running in the periosteum of the femur, and was secured without difficulty. An attempt was now made to remove the coagula, in order to again approximate the wound, but a bleeding commenced directly from vessels spurting out in every direction. From one to two hours were consumed, and at least a quart of ether used to quiet the patient while all these vessels were being secured. The bleeding being arrested, the stump was again dressed and no further difficulty on that score was encountered during the remainder of the treatment: the patient, however, continued very nervous, and was always greatly agitated on the slightest appearance of blood.

"After the stump had healed, an abscess formed and gave him some solicitude, which was, however, relieved by the appearance of a ligature which had been buried in the wound, notwithstanding the great care taken to avoid this occurrence.

"The tumor presented a beautiful specimen of that cystic affection

of the bone called Spina Ventosa, and examined under the microscope by Dr. Ellis, its contents, besides blood, consisted principally of that tissue called *myeloid*."

MARCH 14. *Paralysis of the Rectum from over-distension.* Case reported by Dr. PARKS.

The patient was a boy about seven years of age. He was afflicted with a constant oozing, from the anus, of faecal matter, of a pasty consistence, requiring him to wear a napkin to receive the discharge. He had no voluntary dejections.

He had been afflicted in this way for a considerable length of time—some weeks—and his mother came to the city from her residence in the country, for advice. She told Dr. P. "paralysis of the rectum" had been diagnosticated. The case was the first one of the kind he had seen. He recommended copious enemata of soap-suds with turpentine, to be given three times a day; each enema to be followed, as soon as it should come away, by a small one of decoction of oak bark. Speedy improvement took place, and, in two or three weeks, the child's bowels were, in all respects, in a normal condition, the treatment having been discontinued for a number of days.

Dr. CABOT, who had seen such cases, expressed the opinion that this was an instance of paralysis from over-distension.

Dr. P. fully concurred in this view.

APRIL 25th.—*Discharge of Lymph from the Intestines.* Specimen shown, and case reported by Dr. ROBERT WARE.

J. H., aged 35 years. Irish laborer, of intemperate habits, was visited Dec. 7, 1858. Stated that he had jaundice 11 years ago, and was sick about 8 months. Ever since then he had had some uneasiness about the epigastric region, but considered himself pretty well, and was able to do a good day's work. In September last, he fell from a derrick, and struck upon the combing of a hatchway, the force of the blow coming upon the upper part of the abdomen. He dated his illness from that time; he had been losing flesh, and was subject to attacks of vomiting and constipation with swelling of the abdomen, but had continued to do light work. At the visit, he was suffering from severe abdominal pain with vomiting of greenish mucus, and had had no dejection for 2 days; the abdomen was distended, and the convolutions of the intestines well defined; the pain was paroxysmal, and not increased by pressure; the pulse 80. After a full opiate and a dose of oil, he had an evacuation from the bowels, the swelling became less, and he was quite easy. There was a small protrusion at the umbilicus, and some doubtful enlargement of the liver, though this latter point was never satisfactorily determined. He had a similar attack on the 27th of December. On the 17th of January (1859), he was taken with the same symptoms: he was relieved of pain by the opiate, but got no faecal discharge from the oil; an enema brought away a considerable amount of semi-transparent mucus, but from this time to the 19th of March, about 8 weeks, he had no faecal discharge, except on two or three occasions, when a few pieces about the size of beans were passed. Every day after an enema, a considerable amount of jelly-like mucus, sometimes as much as a teacup-ful, came from the bowels. Early in February, shreds looking like lymph were mixed with this mucus; these increased, till nearly the whole discharge consisted of membrane like that exhibited. At times the pieces were upward of 18 inches in length, and on one occasion a distinct tube, about the

calibre of a rectal bougie, was passed ; sometimes, instead of being flat, it was rolled into the form of a cord ; it was often streaked with blood ; it was very friable, and, under the microscope, had the appearance rather of commencing fibrous structure, than of fully formed lymph.

The patient continued pretty easy, except when the attacks of paroxysmal pain came on, and of these he usually got relief by opium and carminatives. Three attempts to move the bowels by cathartics were made, twice by Dr. W. and once by the advice of his friends, but were followed each time by increase of pain and distension, and by urgent vomiting. Dr. John Ware saw him, as also Dr. Sinclair and Dr. Hodges. At the suggestion of the latter, he took chlorate of potash, but without any appreciable effect. A distinct tumor, running from the right iliac region rather beyond the median line, became apparent about the middle of March, and was supposed to be due to fecal accumulation.

March 19th, after an enema, he passed several lumps of feces about the size of walnuts, and from that time there was almost daily evacuation of fecal matter, never in very large quantity and not excessively hard. He failed constantly, became extremely emaciated and sallow, though the appetite continued good, and the pulse was not increased in frequency, and died April 2d. No examination was allowed.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 19, 1859.

THE QUARANTINE CONVENTION.

WE have received a copy of the "Report of the Committee on the Internal Hygiene of Cities," presented to the Quarantine Convention at its late meeting in New York. It consists of 190 closely printed octavo pages, and is divided into the subjects of Disinfectants, Sewerage, the Importance and Economy of Sanitary Measures to Cities, and a draft of a Sanitary Code for Cities. Unfortunately, the important subject of the registration of births, marriages and deaths is not contained in the report, as we had hoped it would be, the pressing engagements of Dr. Snow, of Providence, who was to have prepared that portion, having prevented him from doing so. We hope the omission will be made good next year. The subject of vaccination and revaccination, with a view to the enactment of laws for the enforcement of this preventive of variola, was also to have made part of this report, but nothing has been heard of Dr. Arnold, to whom it was referred. Public attention, however, is more awake to the importance of the latter than of the former. It is remarkable that there should have been but these two deficiencies in a report embracing so many details.

The Report upon Disinfectants, by Dr. W. C. Van Bibber, occupies thirty-seven pages. It is based upon a letter from Dr. Cambell Morfit, an article by Dr. Sheridan Muspratt, on "Disinfectants," and a very elaborate article on the comparative value of certain methods of

disinfection, by MM. Tardieu and Cazalis. The latter paper has already been made the subject of comment in this JOURNAL (see Vol. LVIII., No. 22). The subject is one which is, as yet, but imperfectly understood, and hence the results arrived at by Dr. Van Bibber are vague, the chief conclusions being that there is no proof that deodorizing agents are likewise disinfectants proper; that the prevention of crowding, ventilation and cleanliness combined are as certain a preventive (disinfectant) of typhus fever, and perhaps of cholera, as vaccination is of smallpox; and that there is no known disinfectant for yellow fever. We do not see why ventilation, purification and separation are not as good preventives, and, consequently, as good disinfectants, for yellow fever as for typhus, if the two terms are to be considered synonymous. The fact is, however, they are not equivalent; the one *prevents* disease, the other ought to have the effect of destroying the materies morbi itself. Hence we are forced to the conclusion that no disinfecting agent, proper, has hitherto been discovered for any disease.

The Report upon Sewerage, by Dr. Griscom, President of the Convention, is a short but convincing argument upon the necessity for complete drainage to the health, prosperity and very existence of a crowded metropolis.

Dr. Bell's Report on the Importance and Economy of Sanitary Measures to Cities, is the longest in the volume. It is a most elaborate paper, comprising the subjects of sewerage, ventilation, light, water, intemperance, preventable diseases, sanitary improvements, pulmonary and cutaneous purification, public wash-houses, and interments. The most efficient remedies for the evils of sanitary neglect are pointed out, and the consequences of the unfavorable sanitary conditions which prevail in crowded communities are forcibly enunciated. We commend this paper to the serious consideration of our readers.

The most valuable paper in the Report is the Draft of a Sanitary Code for Cities, by Dr. H. G. Clark, of Boston. This consists of drafts of an Act for promoting Public Health, and of an ordinance for promoting the health of towns. The first relates to the appointment of a Board of Health, clothed with the proper authority for carrying out all measures required by the public health; the second contains the details, for the use of cities and towns, for organizing a sanitary police. The fidelity with which Dr. Clark has executed his task can only be appreciated by an examination of the Code. It will not be found wanting in the minutest detail, and the Convention showed their appreciation of it by adopting it unanimously, with only a few trivial alterations, and by unanimously passing the following resolution, offered by Dr. Griscom, of New York:

Resolved, That the thanks of this Convention are especially due, and are hereby tendered to Dr. Henry G. Clark, of Boston, for the able report, prepared by him, of a Code of State and Municipal Sanitary Law, believing that the same, if generally adopted in the United States, would tend greatly to the improvement and preservation of the health of the people.

It is hardly possible to give an abstract of Dr. Clark's Code. We will only say that the legislature is to establish a general Board of Health for the State, while the cities and towns are empowered to appoint local Boards, who are to have the immediate control of all matters relating to sanitary police, including a sanitary survey, sewerage, cleansing, slaughter houses, markets, dram shops, lodging houses,

cellars, new streets and houses, water, ventilation, pleasure grounds, epidemic and contagious diseases, vaccination, interments, and other matters. The Code will doubtless be adopted in all our States which have not already made provision by law for sanitary police.

On the whole, we think a Convention has rarely met which has accomplished so much good as this one. Within the short space of four days they have determined some most important questions, recommended many wise reforms, and especially urged emphatically the vast importance of the subject of public hygiene, its power of preventing an incredible amount of disease, and of prolonging the lives and promoting the happiness and welfare of the people.

There is still much work to be done by the Convention. Next year will come up the subjects of food, street cleaning, drugs and poisons, architecture with reference to hygiene, and other topics.

We hope the report of Dr. Snow on Registration will be read at the next meeting. He is well qualified to show its importance, and to suggest the best means for carrying it into successful operation.

A VENEREAL HOSPITAL IN NEW YORK.

AN appeal to the public has lately been made in New York, in favor of the establishment of a hospital for the treatment of venereal diseases. We have seen a well written pamphlet, which has been circulated in that city, containing a report by Dr. J. F. Bumstead, in which the necessity for such an establishment is set forth in forcible and convincing language. There has always been a disposition on the part of society to ignore these diseases, and the great evil, prostitution, from whence they spring. To attempt to relieve the victims of error, is supposed to countenance sin. The fact is, however, that prostitution is coeval with the human race, and syphilis has existed for centuries, and there is no prospect that either will ever cease. To deny medical treatment to syphilitic patients on the ground that they are justly punished, and that such aid would only encourage the evil, would be as absurd, as Dr. Bumstead remarks, as to refuse assistance to the drunkard, or medical aid to a wounded burglar. But there are other grounds for the establishment of venereal hospitals. The number of paupers, now supported by society, who are incapacitated for work, for want of proper treatment for syphilitic complaints, would be materially lessened, and a very large class of patients, whose complaints are aggravated, sometimes hopelessly so, by ignorant quacks, who profit by the fastidiousness of the community on this subject, would be speedily and radically cured. The large amount of business transacted by these pretenders may be estimated by the enormous sums they expend in loading the columns of our newspapers with their filthy advertisements.

While we hope that this effort for the establishment of a venereal hospital in New York will be successful, we would suggest that there is great need of a similar institution here. Its beneficial effects would be felt far beyond the circle of the immediate subjects of venereal maladies, and would extend to thousands yet unborn.

KNOW-NOTHINGISM IN MEDICINE.

A PAMPHLET has been sent to us, purporting to be a "Report of the Committee of the Medical Society of the City and County of New York, appointed to investigate the subject of a Secret Medical Asso-

ciation." The report maintains that a secret society (called the *Kappa Lambda*) exists in New York, consisting of more than twenty-five members of the medical faculty, among whom we recognize several of the most eminent physicians of that city; and while its avowed objects are the promotion of good fellowship and the advancement of medical science, its real purpose is to share the honors of the profession among its members. It appears that all the information concerning the association possessed by the committee, has been obtained from individuals professing to belong to it, who have betrayed their trust by divulging its secrets. On coming to the end of the Report, we were surprised to find that it was almost unanimously approved by the Society, consisting of 290 physicians. If we were to judge from the tone and the general appearance of the pamphlet, the style of printing, and the glaring faults of grammar with which it abounds, we should judge it to be a fraud.

THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.

MESSRS. EDITORS,—A great misapprehension appearing to prevail on the part of many members of the Massachusetts Medical Benevolent Society, as to times and dates, and periods for which an annual assessment is available, I beg to make the following explanation;—1858 is not 1859: still less, if possible, is 1857, 1859; also, as may be deduced from this, 1857 is not 1858: ergo (these propositions being allowed), an assessment for 1858 does not serve for 1859; still less, does one for 1857 serve for 1859; and less still yet, if possible, does this latter serve for both 1858 and 1859, as some have supposed. In conclusion, I would ask those gentlemen who have been called on, but who, under this misapprehension, thought they had paid their assessments, to send me the amount, at as early a period as possible, that it may be properly invested, and yield a return to the Society.

Respectfully, WM. ED. COALE, *Treasurer*.

Suffolk District Medical Society.—At the Annual Meeting of the Suffolk District Medical Society, held April 6th, the following officers were elected:—*President*, A. A. Gould; *Vice President*, C. G. Putnam; *Secretary*, C. D. Homans; *Treasurer*, Francis Minot; *Librarian*, R. M. Hodges; *Supervisors*, M. S. Perry, A. B. Hall; *Commissioner on Trials*, Silas Durkee. *Councillors*, J. Bigelow, G. Hayward, J. Ware, J. Homans, J. Jeffries, W. Lewis, D. H. Storer, J. Flint, C. G. Putnam, H. Dyer, A. A. Watson, A. A. Gould, E. Palmer, Jr., G. Bartlett, M. S. Perry, J. B. S. Jackson, C. H. Stedman, N. B. Shurtleff, C. Gordon, J. B. Forsyth (Chelsea), H. G. Clark, H. I. Bowditch, J. M. Warren, G. C. Shattuck, C. E. Ware, P. M. Crane, W. J. Dale, J. Ayer, S. Durkee, W. E. Coale, S. Cabot, H. J. Bigelow, J. B. Alley. *Censors*, W. W. Morland, C. E. Ware, W. E. Coale, F. Minot, H. W. Williams.

Hampden District Medical Society.—The Nineteenth Annual Meeting of this Society was held at Springfield, on Tuesday, May 3d. Dr. Vaile reported a series of cases of *Puerperal Convulsions*, treated by free depletion followed by the administration of opium. After an extended discussion on this subject, Dr. Ufford announced the death of Dr. Gideon Kibbe, of Wilbraham, who died March 7th, at the age of 80 years. He was a "retired member" of the Society, but was ac-

tively engaged in practice until his last sickness. The following resolution was placed on the Records :

Resolved, That the members of this Society offer their sympathies to the family of the late Dr. Gideon Kibbe, and desire to express their sincere respect for his memory, a respect earned by an unblemished professional career of more than half a century.

The following officers were elected for the ensuing year : *President*, Dr. Alfred Lambert, of Springfield ; *Vice President*, Dr. P. L. Stickney ; *Secretary*, Dr. Otis ; *Councillors*, Drs. Chapman, Downes, Pierce, Ufford.

Meeting of the Massachusetts Medical Society.—The Annual Meeting of the State Society will be held in this city, at the Lowell Institute, next Wednesday. We hope there will be a large attendance, as business of importance will come before the meeting. The question of admission to the Society will be discussed, and its conditions determined, at this meeting. It is known to most of the Fellows that the charter has been amended, by the Legislature, in such a way that graduates of the Harvard and Berkshire Schools are no longer entitled to membership on signing the By-laws. The amendment reads as follows : “ No person shall hereafter become a member of the Massachusetts Medical Society except upon examination by the Censors of said Society, and any person of good moral character, found to possess the qualifications prescribed by the Rules and Regulations of said Society, shall be admitted a Fellow of said Society.” The first By-law will accordingly have to be altered, to conform to this amendment.

A further alteration of the same By-law will be required, if the Society should vote to accept the Report to the Councillors, requiring three years' probation before a candidate can be admitted to full membership. We cannot see the necessity for this provision, and hope the Councillors will weigh well so important a step before voting upon it. Its object is doubtless to enable the Society to ascertain the character of candidates, so that, if found guilty of practising irregularly, they may be excluded. We doubt whether the plan would work well. A man may easily disguise his character, and at the end of the three years, after being admitted in full, may throw off his cloak, and come out a botanic physician, or a natural bone-setter. The law would have the effect of excluding many valuable men, who would refuse to apply for membership if they were to be held so long in a state of probation, without the privilege of voting or of being eligible to office. The candidates are to be examined by the Censors, and if declared by them to be fit, they ought to be at once admitted to full standing. If the admission by the Censors is to be reconsidered by the Society, it will tend to absolve them from responsibility, and render them lax in the discharge of their duties.

There is every prospect of an agreeable meeting, and of a cordial and social re-union at the dinner afterward. May the hall be well filled, and kindly feelings prevail, as is our wont, on this interesting occasion.

An Intoxicated Surgeon.—A surgeon, who had previously borne a good character, was recently tried at the Durham Spring Assizes, in England, for causing the death of a woman in labor, whom he endea-

vored to deliver by performing the operation of craniotomy on the child. The woman died from hæmorrhage, apparently caused by a perforation of the walls of the uterus by the crotchet, and the circumstances of the case seemed to show that the surgeon was intoxicated at the time. He was convicted, and sentenced to *one year's imprisonment!*

Erysipelatous Sore Throat, or Diphtheria.—A correspondent in the *Lancet* recommends the following as more efficacious in the treatment of this disease than iodine. It is taken from the *Omodei Annali*:

"Very finely powdered sulphate of iron, four parts by weight, and pure glycerine, thirty parts by measure. In summer, the solution may be effected at the ordinary temperature; but in the winter, warmth is required. The mixture should be applied externally and internally to the throat, upon a small sponge fixed to a probe, and, when dry, it may be cleaned off with a little tepid water." He also recommends the following tonic: purified sulphate of iron, twelve grains; dilute sulphuric acid, one fluid drachm; compound tincture of cardamoms, half an ounce; infusion of camomile, five ounces and a half. Mix. Dose, two table-spoonfuls three times a day, for adults.

DR. HARVEY BOND, a physician of over forty years practice in Philadelphia, and widely known as one of the most successful American prosecutors of genealogical history, died at his residence on the 4th inst. Dr. Bond was the author of a history of Watertown, and was a member of all the Historical Societies of this country. He was a native of Watertown, Mass., and a graduate of Dartmouth College, New Hampshire.

THE summer season is just beginning at Paris, and we notice that no less than four professors are this year authorized to put substitutes in their respective chairs. The favor has probably been granted on the plea of age and ill health. Professorships are not liable to the same limitation of age as posts in hospitals; the latter, as is well known, must be given up at 60. The professors alluded to are—Moreau (Midwifery), Dumeril (Medicine), Adelon (Forensic Medicine), Rostan (Clinical Medicine at Hotel Dieu). The substitutes are Pajot, Becquerel, Tardieu, Noël Gueneau de Mussy.—*Lancet*.

Two mesmeric professors at Turin, who advertised to cure all diseases by mesmerism, have been tried, convicted and imprisoned. One of them endeavored, in court, to mesmerize his own counsel, but failed, amidst the laughter of the audience.—*Med. and Surg. Reporter*.

Health of the City—The mortality for the week ending May 7th was unusually large, there having been 27 more deaths than during the preceding one. The increase was partly caused by the great mortality from pneumonia. The weather during the whole of that week was extremely warm, but it is evident that most of the fatal cases must have commenced at an earlier date. During the past week the mortality fell to its former rate, and there were only 3 deaths from pneumonia. There were 4 deaths from scarlet fever, and 3 from croup. One female of 93 died of old age. There were 17 deaths of subjects under 5 years of age, and 28 of those between the ages of 20 and 60. The number of deaths for the corresponding week of 1858 was 68, of which 17 were from consumption, 2 from pneumonia, 3 from croup, and none from scarlatina.

Communications Received.—A few Words about "Tonics"—their use in Fevers, &c.—Amputation at the Hip-joint for a large Osteo-sarcomatous Tumor of the Femur.

Books and Pamphlets Received.—Five Essays, by John Kearsley Mitchell, M.D., &c. Edited by S. Weir Mitchell, M.D. (From the Publishers.)

Deaths in Boston for the week ending Saturday noon, May 14th, 61. Males, 31—Females, 30.—Accident, 3—apoplexy, 1—inflammation of the bowels, 1—bronchitis, 1—congestion of the brain, 1—cancer of the breast, 1—consumption, 15—croup, 3—colic, 1—dropsy, 4—dropsy in the head, 1—drowned, 2—debility, 1—infantile diseases, 3—erysipelas, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 3—inflammation of the lungs, 3—congestion of the lungs, 1—marasmus, 1—neuralgia, 1—old age, 1—palsy, 1—pleurisy, 2—suicide, 1—unknown, 2—whooping cough, 1.

Under 5 years, 17—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 14—above 60 years, 10. Born in the United States, 38—Ireland, 15—other places, 8.

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AMPUTATION AT THE HIP-JOINT FOR A LARGE OSTEO-SARCOMATOUS TUMOR OF THE FEMUR.

[Communicated to the Boston Society for Medical Improvement, and the Boston Med. and Surg. Journal.]

BY J. MASON WARREN, M.D.

MARCH, 1859.—J. Lougee, 16 years of age, of very light complexion, and reddish hair, was born in Lowden, Me., of healthy parents, and, so far as he knows, with no scrofula in the family. His employment for the past year has been that of shoemaking. About seven months since, at the upper and front part of the thigh a deep-seated tumor began to make its appearance, immovable, and slightly painful. It increased slowly in every direction, until he was brought to the Hospital in the last week of March, by his brother, who is a medical man. At this period, the left femur, which was the seat of the disease, was slightly flexed on the pelvis, and the upper half of it was occupied by a large, firm tumor, making a very distinct projection in front, but more indefinite behind, where it mounted up, and was lost in the nates. The front part of it was somewhat nodulated, and was in immediate contact with, and partially pressed up, Poupart's ligament. The skin was everywhere movable on the surface of the tumor, except on the outer side, where a slight redness existed, caused by the application of a blister. There was a moderate degree of mobility of the joint, sufficient to show that the articulation had not been invaded by the disease. The patient could use the limb a little, and was able to walk out with support, though very lame. The glands in the groin were healthy, as well as those of the abdomen, so far as could be distinguished; in short, the glandular system generally was intact. The appetite was poor. He had no fever. The pain in the tumor required the use of an opiate at night. The circumference of the limb over the tumor was twenty-two inches; the measurement of the corresponding part of the opposite thigh, fifteen inches.

Having made an examination of his case, I at once told the brother of the patient, who from his profession was able to ap-

preciate its importance, that all applications were useless, and the only remedy left was amputation at the hip-joint. The case being a very important one, on the following day I called a consultation of the Surgeons of the Hospital, which resulted in the following conclusions. That the disease was probably an osteo-sarcomatous affection of the femur, which, if left to itself, would very shortly terminate the patient's life in a most painful manner, and the only thing to be thought of was the removal of the femur at its articulation with the hip-bone. On the other hand, from the size and situation of the tumor, the operation was an exceedingly hazardous one, more so than in the ordinary cases of its performance; that there was a possibility of his dying during the operation, or within the subsequent ten days; and even if he recovered from the immediate shock, that there might be a re-appearance of the disease; that these conditions being properly placed before the patient and his friends, if they concluded to take the risk, the operation ought to be done. This question having been fully weighed by the patient and his brother, they decided to have the limb removed, rather than run the risk of submitting to the lingering course of the disease.

The operation was performed in the following manner, on Monday, March 28th, the fifth day after his entrance into the Hospital. The ordinary method by transfixion being impracticable, and in view of the possibility of a dissection of the tumor from its attachments, a large flap of skin was raised from its front part; the incision commencing at the root of the scrotum, and terminating just above, and in front of the great trochanter. The flap was now dissected up quite to Poupart's ligament, the fascia over the artery opened, the vessel exposed, a ligature passed around it and tied. An incision was now made on the back part of the thigh, corresponding with that in front, and the flap partially raised. With a short, strong knife the muscles running from the pubis to the inside of the tumor were cut through, and those on the outside treated in a similar manner. These incisions loosened the thigh, which had before been confined, and allowed it to be depressed and rotated outward. It was necessary to do this to a great extent, on account of a lobe of the tumor projecting over and obscuring the articulation. The knife was next applied to the capsule, which was divided, the round ligament snapping off at the same time from the powerful force applied to it. The bone was then disarticulated, the great muscles of the thigh cut through behind, and the limb removed. A very large sponge was thrust into the wound, to prevent bleeding, while the smaller vessels in the flap and trunk were secured. By the skilful compression of the aorta by Dr. Gay, the immediate seizure and compression of the flaps by Dr. Cabot, together with previous ligature of the femoral, scarcely any blood was lost. The vessels in the flaps were successively tied as they were uncovered by the removal of

the sponge; it was also found necessary to secure the great femoral vein.

The lips of the wound were brought together by a number of sutures, a compress was applied, and a very large sponge, to make gentle compression, and fill up the deep cavity in the side of the pelvis; over this a towel, and the whole firmly secured by a bandage. The operation was necessarily protracted much beyond the usual time of an ordinary disarticulation, yet after its termination, and just before the removal of the patient from the table, his pulse was as good as before the operation was commenced.

A section made through the tumor and the femur, which was sawn longitudinally through its middle, presented the following appearances. The tumor was beautifully variegated, and presented the ordinary aspect of osteo-sarcoma. It had its origin between the periosteum and the bone, and extended from the middle of the femur quite to its neck. The periosteum covering the greater trochanter had been peeled up, and the sac of it filled with that yellow oleaginous fluid which is so frequently seen in tumors connected with the bone. The parietes of the bone were somewhat thickened in the centre, thinned toward either extremity, and the medullary cavity was not entirely obliterated. The substance of the tumor itself was quite firm, having the ordinary appearances of carcinoma interspersed with spiculæ of bone. A microscopic examination of it was made by Dr. Ellis, and verified the diagnosis. The head and neck of the bone seemed to have completely escaped invasion. The muscles covering the tumor were partially adherent to it, but none of them so completely incorporated with it as at first had been feared. The tumor seemed to have been entirely enucleated, and, so far as could be ascertained, not the slightest trace of it was left behind.

In the afternoon of the day of the operation the patient seemed to be in a good condition, and complained only of the tightness of the bandage around his body. This was loosened by cutting it away partially, and completely removed on the following morning. He passed a pretty good night, under the effect of a drachm of the solution of the sulphate of morphia, complaining principally of an excessive thirst, which no amount of drink seemed to satisfy, and which was apparently caused by the operation, but I attributed it partly to the ether. On March 30th, the thirst was somewhat alleviated, but he was still without appetite, and complained of a little soreness in the groin; pressure gave pain in the lower part of the abdomen. The pulse was 100.

The following day he took an enema, which emptied his bowels, and seemed to improve his appetite, so that he chewed a little beef; also took brandy and water, and milk punch, to which he was much averse, never having taken spirit in his life.

On Saturday, April 2d, the wound began to be rather offensive, and at the suggestion of the venerable and distinguished Profes-

sor Mussey, who was present, the dressings were removed, and a yeast poultice applied; the pulse was rather over 100; the appetite was still doubtful. On Monday, the 4th, his pulse was 120, there was profuse sweating while sleeping; he began to take his food more regularly, and his pulse to have considerable firmness. He was allowed bread, tea and baked apple for breakfast; bread, meat, and baked apple, of which he was very fond, vegetables, with brandy and water, for dinner; for supper, the same as at breakfast; and at bedtime, to drink through the night, from half a pint to a pint of milk punch. On the 8th of April he is reported as doing well, "he makes no complaint, the pulse is about 100, and he may be said to be in a convalescent condition; the bowels are emptied every other day by enemata, and he has taken no purgative medicine since the day of the operation."

The patient went on improving till the third week after the operation. The wound healed well, leaving an aperture at either end for the escape of ligatures. About the twenty-fourth day, on waking in the morning, he felt a pressure at the inner part of the stump, and shortly after a stream of blood slowly trickled down. Dr. Dyer, the resident surgical pupil of the Hospital, was immediately summoned, and by means of a sponge applied over the apertures from which the ligatures issued, and a strong compressing bandage, succeeded in arresting the bleeding. The bleeding recurred again in about two hours, and was arrested in the same way. When I saw the patient, about 9, A.M., he was rather pale, his pulse rapid, and his system had evidently received a severe shock. He was not much alarmed, but on this and the following day made great complaint of excessive thirst, as he did after the operation, showing that it was the loss of blood, and not the ether, which caused this symptom. From the free escape of blood at the time, and its arterial color, it was thought probable to have escaped from the great vessel, in consequence of the ligature having partially detached itself; and for this reason it was deemed prudent not to interfere with the wound for the next two or three days. No new bleeding having occurred, I then had all the dressings removed. The two ligatures at the outer part of the stump were seized by the fingers, and withdrawn with very slight force. The four ligatures at the internal part of the stump were then separated, and dragged upon singly, and all of them were removed without difficulty. The two large ones, which had belonged to the artery and vein, had probably been for some time detached, and lay coiled up in the wound, causing irritation and suppuration, and probably the hæmorrhage which had given the alarm.

From that time the wound rapidly healed. The patient left his bed in about a week, and in ten days was able to go out of doors. He has now, May 10th, returned home in the full enjoyment of health.

REMARKS.—This case is worthy of notice from having been the

first of amputation at the hip-joint that has succeeded in Boston. The following statistics, from Mr. Erichsen, in his valuable work on Surgery, may be interesting, as showing its mortality, and are partly taken from data furnished by Dr. Smith, of New York: Of 126 cases, 76 died; of 47 cases in which it was done for injuries, 35 died; of 10 cases operated on in the Crimea, all died.

The flaps in this case being principally composed of skin, made the wound much less appalling, and more manageable than where large muscular flaps are left, as in the ordinary operation. This may be considered worthy of imitation, even when not required by necessity, as in the present case. The previous tying of the artery, together with the compression of the aorta, allowed the operation to be performed in a perfectly comfortable manner, without the slightest hurry, and with almost a dry wound, if the expression may be used.

It may not be inappropriate to append to the history of this case, an operation of similar character performed at the Hospital last year, and printed in this JOURNAL among the Records of the Boston Society for Medical Improvement.

“Amputation at the Hip-Joint.—Dr. Warren mentioned the case as an interesting one, from the fact of its being the first ever done at the Hospital, and, so far as he knew, in Boston. The patient was a child, 6 years old, and was first seen by him on the 19th of June, at three o'clock, having been injured about two hours before. He was sitting on the curb stone of the sidewalk, when a truck wheeled round against him, crushing his limb against the stones. His injury at first was not detected; being lifted up by some passer-by, and placed upon his feet, not being able to support himself, he fell, and received, in addition to his other injuries, a violent blow upon the forehead. When brought to the Hospital his state was as follows. He was quite faint, countenance livid, pulse small. The integuments of the thigh, near the hip, were nearly cut through by a semicircular wound, and on the outside a deep wound in the muscles communicated with the bone, which was fractured obliquely, and denuded nearly up to the joint. As the blood was flowing from this extensive wound, the case admitted of no delay, and amputation was at once proceeded to. The boy was first stimulated with as much spirit as he would bear, and ether was administered, which quickly brought up the circulation. The limb was now separated at the fractured part, Dr. Shaw compressing the artery. Dissection was next made at the side of the bone, which was disarticulated with difficulty, both from the anatomical relation of the parts, these being obscured by ragged muscles, and, more especially, from the remaining portion of the femur being too short to be easily controlled in effecting the disarticulation. The capsule was, however, opened, and the bone dissected out with but little delay. The boy at this moment became deadly faint, and was only restored by using frictions of brandy and ammonia, the latter being applied also to the nostrils. He was likewise suspended by the remaining leg, so as to throw the blood to the brain, and under this treatment soon revived, although at one moment he seemed to be dead. The vessels were

now tied, and the wound temporarily dressed. Just as this was finished, he a second time came in peril of his life. As is often the case with patients recovering from ether, he seemed disposed to vomit, and in fact a basin was held, and he threw up a large quantity of liquid substance. Immediately after this, he fell back as if exhausted, a cold sweat came over him, and the respiration and pulse ceased. The frictions, and other means for restoring suspended animation, were at once again resorted to, and Dr. W. proceeded to pass the finger into the mouth for the purpose of raising the epiglottis and making a passage for the air into the windpipe, when it encountered a mass of solid potato-like substance, with which, on further investigation, the whole mouth and fauces were found completely blocked, so as entirely to exclude the air, and almost suffocate the patient. The teeth had allowed the liquid contents of the stomach to pass between them, but had acted as a strainer to retain the solid matters in the mouth. The mouth being now cleared, and artificial respiration set up, the child gradually commenced to breathe, and in the course of half an hour was in a safe state. At nine, P.M., the limb was dressed, and he was taken to his bed in the ward of the Hospital. The patient lived thirteen days, and received during this time the most unremitting care from the nurse in charge of him, and from Mr. Dyer, the House-surgeon of the Hospital. The stump during this time became quite sloughy, and one or two abscesses formed in the groin. The whole wound, however, finally assumed a healthy appearance, and when there seemed to be every prospect of his having gone safely through the most dangerous part of the trial, he suddenly fell off, and died, nearly a fortnight after the reception of the injury.”

A FEW WORDS ABOUT “TONICS”—THEIR USE IN FEVERS, &c.

[Communicated for the Boston Medical and Surgical Journal.]

WHAT is a tonic? and what are the indications that call for its use? These questions have been suggested by what seems to be a too constant and indiscriminate use of those drugs, quinine in particular, that are classed under the head of tonics, in all such cases as are characterized by debility or want of vital energy, both in acute and chronic diseases. And here let me further ask, can any article of medicine be considered a tonic in any other than a relative sense? We think not. But before discussing the propositions before us, we must have a definition for the word “tonic.” Dunglison says (and probably no better words could be used in this connection), “Tonic, in therapeutics, means a medicine which has the power of exciting slowly, and by insensible degrees, the organic actions of the different systems of the animal economy, and of augmenting their strength *in a durable manner*.”

What, now, is the experience of every observing physician in the use of medicine? Does he invariably find his “tonics” producing the effects set forth above? Far from it. But is he always disappointed in their use? Nay. If it were so, the word tonic

would die out of use with physicians. What, then, is the reason that in this case of lowered vitality tonics succeed, while in that one they only aggravate the trouble? In order to answer this question, we must first inquire in what manner a tonic acts? Without pretending to give a specific and complete answer to this inquiry, it may safely be said that a medicine to act as a tonic must meet, directly or indirectly, some want of the nervous system. To illustrate, let us take a case of intermittent fever, and, also, a case of typhoid fever well advanced. In the case of the intermittent, we administer ten grains of quinine (under proper regulations) and repeat the same, increasing or diminishing according to the particular case, and very soon it is quite apparent that our “tonic” has done the work. And here I would say that quinine is used as a representative of tonics, a multitude of other drugs answering the same purpose; even mental effort or emotion many times being just as effectual for the cure of a chronic and well-established intermittent, as the quinine. But how is it with the case of typhoid fever? A few full doses of quinine *may* do good service in a few instances, but in my opinion it is more likely to be as follows. The first few doses seem to act as a “tonic;” that is, the pulse becomes stronger without being more frequent, the heat is not increased, and we are apt to say the patient appears better. Continue the treatment. Next day, or next following, things begin to change, *not* for the better. Instead of a full, steady pulse, and moist skin, we find signs of irritation. The nervous system is evidently becoming more exhausted, instead of being built up. Our “tonic” has become an *irritant*, rather than a “tonic,” and yet a large class of physicians will insist that “tonics” are indicated more than ever. When I see a patient laboring under typhoid fever, with frequent, wiry pulse, and hot, dry skin, and learn that he is taking quinine, I come to the conclusion that the doctor is doing him harm; and yet this is no uncommon thing, in this section of the country at least.

But can tonics never be used to advantage in typhoid fever? I do not say so. They may be, and often are, required. Not only quinine, but steel, and various other things of this class. How, then, shall we know when to use this or that particular tonic? “Ay! there’s the rub.” I do not believe we have enough science, yet, in medicine, to tell all this. And here comes the test of practice. There are many ways by which we may reach probabilities, where certainties are unattainable. Close observation at the bedside, with a fair capacity at estimating the influence of temperament and accidental forces, is all that can be claimed, with any degree of assurance, by any practitioner, as a guide to the selection of particular remedies. But, as it was no part of my purpose to point out rules for the use of tonics, or any other class of remedies, but simply to raise a question or two for the consideration of others, I will leave the subject, hoping to hear from some

one else an answer to the questions proposed at the commencement of this article.

P. K. G.

Plainfield, Ill., May 12, 1859.

ON THE OTORRHŒA OF YOUNG CHILDREN.

[Translated for the Boston Med. and Surg. Journal, from the *Journal für Kinderkrankheiten*.]

OTORRHŒA, or a discharge or running from the ear, consists in very many cases of merely a chronic inflammation of the external passage of the ear, which has given rise to an increased secretion. The inflammation is usually confined to the external portion of the meatus, but sometimes extends to the surface of the membrane of the tympanum. The disease is most frequently observed in children, although it is not rare in adults. In the former, it is generally accompanied by a tendency to glandular engorgements, with symptoms of general debility; in adults, it is also the sign of a depressed condition of health. The exciting cause may be a blow upon the ear, the employment of irritating local applications to the ear, or any acute inflammation of the lining membrane of the meatus; but the most frequent causes are scarlet fever, measles, or catarrhs. Often no cause can be discovered; the children complain of a slight irritation in the ear, which they seek to allay by introducing the finger, or a little stick, and the irritation disappears when the discharge begins. Sometimes, however, the discharge is the first symptom of the disease. In the early stages, the hearing is only slightly diminished by the disease, even when the inflammation and swelling extend to the external surface of the membrane of the tympanum; but when the disease has existed for any length of time, the membrane itself participates in it, and dulness of hearing, or deafness, ensues. Moreover, it must be borne in mind that catarrh of the meatus and external surface of the tympanum is often but a symptom of irritation *within the tympanum*, and ceases as soon as this irritation is removed. After the disease has existed some time, there is often considerable irritation of the meatus, amounting at times to acute pain, with occasionally slight hæmorrhage. Hæmorrhage is more frequent, however, when there is a polypus in the meatus.

On examination of the meatus, its lining membrane is found to be thicker than usual, and sometimes so much so as to close the passage entirely. In many cases the membrane is red and destitute of epithelium; on the other hand, it is frequently white, and covered with a thick epithelial layer. The secretion is generally very fœtid, of various colors, sometimes of a milk-white, at others of a dark slate color, and whatever its quantity, color or consistence, it never contains flocculi, but when mixed with water, renders it cloudy.

It need hardly be said that polypus sometimes exists along with

chronic catarrh of the meatus. In such cases there is bleeding from the ear, and flocculi are found in the secretion. The latter are also found when there is ulceration of the fibrous tissue of the membrana tympani, in which case blood is often mixed with the secretion. If the catarrhal inflammation extends to the mucous membrane of the membrana, the latter becomes, like the meatus, thickened, and often very much congested. The membrane then loses its natural color and form; if we are able to employ a speculum, the outer surface is seen to be flatter than usual, and, in consequence of its thickening, neither the long nor the short process of the stapes is visible.

In the *treatment* of catarrhal otorrhœa, it is of the first importance to remove the secretion, and keep the meatus clean. This is best done by frequent syringing with lukewarm water. If there be so much pain or tenderness that the syringe cannot be used, one or two leeches must be applied to the outer edge of the meatus, followed by warm fomentations or poultices, or the vapor of warm water may be directed upon the ear. After all tenderness is removed, and the meatus cleansed from the secretion, weak astringent solutions should be injected, and moderate counter-irritation applied to the mastoid process. These simple means, in connection with remedies for improving the general health, especially tonics, suffice, in very many cases, for curing the discharge. In very obstinate cases, the counter-irritation to the mastoid process must be maintained, so as to keep up an artificial discharge, which is best done by means of croton oil; and a strong solution of nitrate of silver (ten to forty grains to the ounce) should be thrown into the meatus every third day, by means of a glass syringe.

There are cases, however, which resist this treatment, the discharge continuing unchanged for two or three months. The treatment should then be steadily persevered in, as it may at least prevent ulceration of the membrane of the tympanum, caries of the bones, and the development of polypi.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 11th.—*Malignant Disease of the Upper Maxillary Bone.* Dr. J. MASON WARREN reported this and the three following cases.

"In February, 1857, I was called to see a lady, about 65 years of age, affected with a malignant tumor of the upper maxillary bone. Her account of the origin of it was this. About a year previous, as she was attempting with a hammer to draw out a nail from the wall, the hammer slipped, and she received a blow from the handle of it on her face, just under the left infra-orbital foramen. A great deal of inflammation followed the blow, with pain and constitutional symptoms,

which continued five or six weeks. The inflammation having subsided she felt a constant degree of tension in her face. The alveolar processes seemed gradually to expand, the gums assumed a fungous appearance, and the teeth on that side either dropped out, or were extracted by the fingers. At this time an elastic tumor showed itself in the mouth, which finally burst, and when I first saw her a gangrenous mass projected from the opening. The patient had a very quick pulse, her appetite was extremely small, if not entirely lost, and she seemed to her friends in a rapidly failing state. I immediately proceeded to clear away the slough from the mouth, which was fortunately effected without any hæmorrhage, and gave her a wash, with the object of destroying the putrid emanations from the wound. Quinine and wine were administered, and very soon her appetite was sufficiently restored to take nourishing food.

"In the course of about three weeks her health was so much improved that it was thought expedient to bring into question what surgical procedure, if any, could be adopted for the removal of the tumor. The pain still continued at times to be excessive, extending over the face, and was of what is called a neuralgic character.

"Having requested Drs. Townsend and Cabot to see the patient in consultation, we agreed that the tumor was of a malignant nature; but as it was still limited to one of the maxillary bones, and had not yet implicated the surrounding parts, while the pain was so severe as to require some active surgical interference, we decided, notwithstanding the danger of a recurrence, that it was proper to advise an operation. The patient was disposed at first to accede to our advice, having the nature of the case fairly laid before her, but after a day's consideration and conversation with her friends she said, that if I thought there was the slightest danger of a recurrence she was unwilling to submit to it.

"The subsequent history of the case is as follows. The tumor gradually crept along the floor of the mouth, invading the opposite maxillary bone. Projecting into the mouth it opened at numerous points, obstructed the passage to the fauces, and almost poisoned the patient with foul secretions. The pain, during all this time, in the superior maxillary nerve, was excessive, requiring most powerful internal and external medicines. It may perhaps be well to mention the following occurrence as instructive.

"During one of her violent accesses of pain, she requested an attendant to give her a teaspoonful of medicine from a phial supposed to contain a solution of morphine. By mistake, a teaspoonful of a strong solution of aconite, only used for external application, was administered; and the attendant, not being satisfied with its effects, very shortly administered a second dose. The aconite very soon began to show its specific effects, and the mistake was discovered. Dr. J. F. W. Lane, who had formerly attended the family, and who lived in the vicinity, was called. Dr. Lane at once administered a very stimulating emetic, and, following this by other very active measures, after a number of hours was able to leave her in a safe condition. The effects of the aconite on the brain showed themselves for a week or ten days afterward.

"This patient died in a very suffering state about six months after I first saw her, the end being finally accelerated by repeated hæmorrhages from the sloughing mass."

Removal of the Upper Maxillary Bone.—"In the summer of 1857, I was requested by Dr. Reynolds to visit with him, in consultation, a patient who was suffering from an affection of the left upper jaw-bone. Some months previously, the trouble had commenced by an irritation in the neighborhood of the left lachrymal passage, which produced an obstruction in the passage, and a discharge of tears over the face. This was followed by a distended feeling in the upper maxillary bone, which gradually increased, and finally terminated by the appearance of an aperture in the alveolar process of one of the molar teeth, which discharged a quantity of blood and gave relief to the patient.

"When I first saw her, there was the appearance in the left nostril of a polypoid tumor, and she had suffered from one or two bleedings from this situation. After carefully investigating the previous symptoms, a probe was passed into the opening in the mouth, which penetrated deep into the maxillary sinus, and was followed by a free discharge of blood. The patient being rather low in health, and proposing to make a visit to her friends in Maine, I provided her with instructions, and she agreed to see me again in three or four weeks.

"At the expiration of the time appointed she returned to Boston, and I found that the treatment had produced a decided improvement in her general health. The tumor in the nostril had increased, as well as the distension about the maxillary sinus, and she had suffered from one or two pretty severe hæmorrhages. In the course of the following week, a bleeding of so severe a nature took place as to render it necessary to have some active surgical procedure at once adopted.

"Before making up my decision, I passed a finger into the nostril, which disclosed a large opening into the maxillary sinus, from which the tumor in the nose seemed to have projected. The jaw in the neighborhood of the aperture in the mouth had, since the last examination, three weeks before, been more or less forced downward into a rounded elastic tumor. These circumstances being considered, seemed to leave but little doubt that the maxillary sinus was occupied by a tumor, which was gradually forcing itself out from the bony cavity in which it had originated. I advised, therefore, the extirpation of the superior maxillary bone as the only means likely to eradicate the disease, to which she at once consented. Having no accommodations in the hotel where she was staying, for an operation of such importance, she took a private room at the Hospital, where the following operation was performed.

"The patient, sitting in a chair with her head supported, was moderately etherized with sulphuric ether. An incision was made, commencing near the external angle of the eye, and terminating at the angle of the mouth; the cheek was then rapidly dissected up. The bone having now been made clear from the soft parts, the sponge, well charged with ether, was again placed over the face, the flap being held up by an assistant. This served to etherize the patient by a second dose, and at the same time by its rapid evaporation to stop the effusion of blood from the small vessels, so that no blood penetrated the patient's mouth and fauces. The maxillary bone was now sawn through at the external part of the orbit, and the malar bone divided by the cutting forceps, as well as the nasal process of the maxillary. A large pair of Liston's forceps, double the size of those in ordinary use, which was made for me under the direction of that distinguished surgeon, was passed into the mouth and nostril, and divid-

ed the bone with as much ease as if cutting a piece of paper. A sharp-pointed knife was now drawn across the palate, opposite the suture of the palatine and maxillary bones, and the mucous membrane covering the palate cut through. The jaw was seized by a strong pair of double-hooked forceps, and the whole mass depressed, the superior maxillary nerve, as it passed along the floor of the orbit, being cut off. The remaining soft parts were next divided by curved scissors, and the operation terminated, the os palati, with the soft palate of the same side, not being interfered with. The whole operation lasted about ten minutes. The hæmorrhage was not excessive, and the vessels were easily secured. The edges of the wound were at once approximated by sutures, and a bit of lint moistened with cold water laid over the surface.

"No lint, bits of sponge, or other substances, as recommended by some of the French surgeons for filling up the cavity made by the removal of the jaw, were used in this or the other cases in which I have done this operation. Whenever I have seen them used, they have been the source of much irritation, have been with difficulty removed, and the cause of a most offensive odor from the retention of the foul secretions in the mouth.

"The only fact worthy of mention in the subsequent history of the case, was the occurrence, at the end of about a week, of a hæmorrhage from the interior of the wound, which, although it gave rise to some alarm to the patient, was easily arrested by careful plugging with a sponge. She recovered fully and entirely, and now, at the end of nearly two years, I have heard of her in the enjoyment of good health. The eye suffered no injury from the operation.

"The tumor was of a fibrous character, and was completely bounded by its capsule. In its expansion it had at first nearly obliterated the lachrymal passage, next it had produced an absorption of the bone in the vicinity of the nostril, forcing its way through into that cavity, and finally it was making its way downward through the bone into the back part of the mouth.

"The operation was as effectual and satisfactory in its results as any one of this description that I have ever done or witnessed."

Removal of the Upper Maxillary Bone.—"Mrs. G., aged 49 years, applied to me in September, 1857, for a tumor of the left upper jaw-bone. She was a small thin woman, of a delicate constitution, and somewhat sallow complexion. Her health was moderately good with the exception of a tendency to rheumatism, having three times had rheumatic fever. She knew of no disposition to hereditary cancer. She was the mother of several children.

"Three years previously she perceived a fulness of the cheek-bone, and at the same time there was a slight and constant discharge from the nostril of the same side. This discharge continued and the swelling gradually increased until July of the present year, when she suffered so much uneasiness from it, that her physician punctured the antrum after having extracted a tooth. This, at the time, was followed by a small discharge of blood; but three days afterward a copious discharge of pus, as she says, took place, which has continued since in varying quantities. When the discharge is small, there is much fulness and pressure about the antrum, which is relieved by an increase of the flow.

"When I first saw this patient, the whole upper jaw-bone seemed

to be enlarged. The tumor had not made its way out into the mouth, but seemed disposed to do so into the cheek, the integuments of which were somewhat reddened and a little œdematous. I advised the patient to an operation, informing the friends of the probable nature of the disease and likelihood of a recurrence, but at the same time that an operation offered the only chance for her relief; that the disease would soon come to an open ulcer on the face, and she would die a lingering, painful and disgusting death; that the operation, though a very formidable one in appearance, was not actually so dangerous as many of the important operations, which were done to save life, and that the pain could be completely prevented. After this representation she at once consented.

"The operation was performed in almost precisely the same manner as the one just before detailed, the palatine bone and palate being preserved. In depressing the bone after its attachment had been divided, a portion at its posterior part was found adherent, and was left attached to the pterygoid process so as afterward to require removal by the chisel. This circumstance I have once, or twice, seen happen in removal of the superior maxillary bone, the natural adhesion of the part being almost increased to ankylosis by the inflammatory action, which had been going on in its neighborhood. It is of so frequent occurrence, that it might be well in every case, as recommended by Dr. J. C. Warren, to pass a chisel behind the bone, and loosen it by two or three blows of the mallet.

"This patient had a very good recovery, and returned home about three weeks after the operation, in good health and spirits. She continued well for a time, but has, I believe, since had a return of the disease."

Excision of the Upper Jaw.—"April, 1859. Mrs. N. M., a small thin woman, 44 years of age and mother of seven children, with no hereditary taint that she was aware of, had always enjoyed good health till five months ago, when a few weeks before the birth of her last child, which is now four months old, she was seized with a pretty sharp pain in the right upper maxillary bone. This troubled her more or less until the birth of the child, which was natural, and which she was able to nurse up to the time of her application to me for advice. About two months since, her face began to swell, and what was supposed to be a collection of matter took place between the upper lip and the alveolar processes. This was punctured by a physician, but only blood issued at first, though she said there was, a few days after, a discharge of matter. Her face has continued to swell from that time, and now presents the following appearances.

"A tumor seems to have possession of nearly the whole of the upper jaw-bone. On the inside of the mouth, the palate is pressed down by it, and does not reach quite up to the median line. External to the alveolar processes, the teeth having all dropped out, the tumor extends from the root of the canine tooth as far back as the last molar. On the face, the swelling extends quite back to the ear, but the root of the zygomatic process can be felt on very firm pressure, as if part of the swelling might be owing to serous infiltration. The whole of the lower bony margin of the orbit is lost, and its place supplied by an irregular tumor. The pupil of the eye is turned upward, though by closing the other eye, and by an effort, the patient has the power of bringing it into proper position, the sight being somewhat enfeebled.

No tumor is to be perceived in the nostril, though there is occasionally a bloody discharge from it. The skin over the whole of the tumor is movable, but somewhat tense and glossy. The digestive organs are in good order, and the pulse is not materially affected. Excessive pain in the swelling, of a bursting, insupportable character, together with a very rapid increase of the tumor, induced her to come to Boston for advice, though she was obliged to do so at the expense of giving up nursing her infant.

"The tumor appeared to me, without any doubt, of a malignant character, and was so considered by my colleagues at the Hospital. We advised an operation as a method of relief, although, from the very rapid increase of the disease, we could not think it offered much chance of a permanent cure. This being stated to the patient and her husband, she determined to have it done, as she could not longer support the suffering from the disease.

"The incisions were made a little different from those I have hitherto done, on account of the extension of the disease so far backward. The first incision commenced midway between the orbit and auditory passage, and extended in a semicircular form to the angle of the mouth, with a very broad backward sweep, instead of commencing, as in the other cases, just back of the orbital process of the superior maxillary bone. All the incisions in the bone were made with Liston's large forceps, which cut through it with the greatest ease. Some difficulty was found in depressing the tumor, on account of the degeneration of the bone about the orbit, which would not allow a firm hold to be taken with the hooked forceps, so that it was necessary to seize and depress it with the fingers. After the removal of the tumor, it was found that some of the cancer had insinuated itself into the pterygoid fossa; this was scooped out clean with the fingers, and a hot iron applied to the neighborhood. There was not much arterial bleeding, and but one artery required ligature, although in the course of the operation there was a universal venous hæmorrhage from the tumor, as is often observed in cases of operation for malignant disease. The patient during the whole time was fully under the influence of ether, and blood was prevented from running down into the trachea by care, position, and constant sponging of the fauces. A number of sutures were introduced, preparatory to closing the wound, which, however, was left open for two hours, exposed to the air, until all danger of bleeding had ceased, when the edges were nicely adjusted, and a compress wet with cold water laid over.

"I saw the patient in the afternoon, found her quite easy, relieved from the pain she had previously suffered, and able to swallow liquids, though with some difficulty. The eye regained its natural position as soon as the principal tumor had been taken from it, and she was altogether much more comfortable than could have been anticipated in a feeble person so soon after so severe an operation.

"No unpleasant symptoms followed the operation, the wound in the cheek healing by the first intention, and she was able to leave the Hospital, to return home, in a fortnight. A small abscess of the cheek required opening the day she left."

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 BOSTON, MAY 26, 1859.
 

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## TREATMENT OF CHRONIC HYDROCEPHALUS BY INJECTIONS OF IODINE.

IN an article in the *Chicago Medical Journal* for April, Dr. BRAINARD recommends the injection of solutions of iodine into the lateral ventricles, in the treatment of chronic hydrocephalus, which he asserts to be at least harmless, if subsequent experience should not show it to be of much value as a curative means. Since the modes of treatment hitherto recommended for this disease have been successful in a small proportion of cases only, it seems worth while to try a means which is so available in diseases of a similar character in other parts of the body. Chronic hydrocephalus, says Dr. Brainard, is an encysted dropsy, in which the fluid is confined in a cyst of limited extent, scarcely exceeding that of a hydrocele. It is a disease of the membrane lining the ventricles of the brain, and does not communicate with the cavity of the arachnoid, or with the sub-arachnoid space.

Dr. Brainard cites two cases, treated in this manner. The first was under the care of Dr. Tournesco, surgeon of the Civil Hospital at Koltzka, Bucharest. The patient was a child, two months old, and the head measured about twenty inches in circumference. At the first puncture, eleven ounces of serum were drawn. This was replaced by effusion in twenty-four hours. Another puncture was made, the second day, twenty-four ounces of fluid were drawn, and twelve grammes of tincture of iodine, diluted with twenty-four grammes of distilled water, were injected, one eighth part of which was allowed to flow out. It was calculated that about sixteen grains of iodine and three fluid-drachms of alcohol were inserted. The following day he had fever, for which calomel was prescribed. Twenty days after the operation, the head was of the natural size, and the child was in good health; thirty-five days after the operation, it remained in the same satisfactory state.

The second case was treated by Dr. Brainard, in 1849-50. The child was a female, four days old, and, in addition to the hydrocephalus, had spina bifida. The head measured nineteen inches around the frontal and parietal protuberances. The spina bifida was cured by an injection of the sixteenth of a grain of iodine and an eighth of a grain of iodide of potassium dissolved in half a fluid-drachm of distilled water. Twenty-one injections of iodine were made into the ventricles in the course of the treatment, which lasted eight months, when the child died. The amount of iodine introduced at each operation varied from one sixteenth of a grain to twelve grains, in solution, with from two to three times the quantity of iodide of potassium. No alarming effects were perceived after the injection, except in two instances, when convulsions and vomiting followed, about twelve hours afterward, the last time terminating in the death of the patient; but the fatal termination of the case was apparent before the operation was performed, and does not seem to be attributable to the injection. The excretions of the child frequently gave evidence of the presence of iodine.

Notwithstanding the fatal result in this case, it seems probable that the life of the patient was prolonged by the treatment employed, and for a time its health was greatly improved. The case was a very unfavorable one from the beginning, and we may reasonably expect that when the disease is less severe, the iodine injections may be more successful.

#### REGISTRY OF PRACTITIONERS IN NEW BRUNSWICK.

THE Legislature of the Province of New Brunswick have recently passed a most excellent law, establishing a Medical Council of Education, Health and Registration, for the purpose of regulating the practice of medicine within the province. A register of all licensed practitioners is to be made, and printed annually in the Royal Gazette, and no one whose name is not on the register shall be entitled to recover any charge, in any court of law, for medical or surgical advice or attendance, or for the performance of any surgical operation, nor will any such person be allowed to hold an appointment as physician or surgeon in any hospital or other public establishment.

The qualifications necessary for registry are the possession of a medical degree from a college authorized to grant the same, in Great Britain, Ireland, Canada, France, or the United States; or of a license from the Lieutenant Governor of the province; or the fact of the applicant having been in the continued practice of medicine or surgery in the province since 1852. Provision is also made for erasing the name of any person from the register who may be disqualified by reason of crime, or other cause, provided, always, that the name of no person shall be so struck off *on the ground of his having adopted any theory of medicine or surgery.*

The act conforms in the main with the recent Medical Act of Great Britain. We congratulate our brethren of New Brunswick on the protection which the law affords them, as well as the inhabitants on being saved from the evils of quackery. Shall we ever be so fortunate?

#### RETURN AND DEPARTURE OF M. GROUX.

THIS gentleman, having made the complete tour of the United States, and visited nearly all the leading cities in the Union, returned last week to Boston, whence he sailed for England in the steamer of the 18th inst. Here, as in Europe, his case has excited the greatest interest amongst physiologists and medical men. On the evening previous to his departure, M. Groux gave a public *séance*, at which, in addition to his usual illustrations, he demonstrated the phenomena of the heart's action by vivisections, and also repeated the novel and brilliant experiments instituted by our townsman, Dr. J. B. Upham, at the Cambridge Observatory, a few months since—a full account of which has been given in a previous number of this JOURNAL.

It now appears that M. Groux, *on his first visit* to Boston, executed a Will, solemnly devising his body to the medical profession of this country, if, in the appointment of Providence, he should die on the American Continent—a noble proof of the earnestness of this young man in his endeavors to fulfil the mission he has undertaken. Seriously, he has our congratulations for this pilgrimage happily ended, and our prayers for a prosperous voyage and a safe return to his native land.

In respect to the document above referred to—M. Groux's *Will*—we would say, that having been favored with a hearing thereof, through



the kind attention of Dr. Upham, one of the large number of executors named therein, we would express our great gratification at its contents, and our hope that it may be printed and thus given more widely to the profession in this city and country, in whose interest it is so nobly conceived and executed.

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*A Question of Ethics.*—A discussion took place a few days ago in the New York Academy of Medicine, on the question whether the Academy should pass an opinion on surgical instruments and apparatus which have been patented. Dr. McNULTY contended that it was contrary to the spirit of the Code of Ethics of the National Association for physicians to obtain patents, and consequently that they should not act upon other people's patents. This sentiment met with much opposition, and the general opinion was that surgical appliances should come under a different rule from nostrums, being usually invented, at least in part, by mechanics, who could not do without the patent. A resolution by Dr. McNulty, to the effect that the consideration of no patented article should be entertained by the Academy, was lost, but the vote was afterward reconsidered, and the resolution laid on the table.

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*Case of Protracted Gestation.*—The *Chicago Medical Journal* contains the report of a remarkable case of protracted gestation, by Dr. W. R. STONE, of Manhattan, Ind. The patient was a married woman, whose husband died on the 17th of March, 1858. Her last menstruation was on the 20th of February, and the last sexual intercourse on the 10th of March. Quickening occurred on the 8th of July, making one hundred and thirty-three days from the last catamenia, and one hundred and twenty days from the last sexual intercourse. She was delivered, after a favorable labor, on the 3d of February, 1859, of a female child weighing eight pounds, whose osseous system was extraordinarily well developed, and whose general appearance (except in respect to size, we presume) was fully that of most infants of three months old. The mother has always sustained an irreproachable character, and five physicians who examined the case are fully satisfied that it was one of protracted gestation, and that the child is legitimate. If so, pregnancy must have continued for *three hundred and thirty days*.

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*Treatment of Poisoning by Phosphorus.*—In France, numerous deaths are annually caused, accidentally and by design, from phosphorus. Although this substance is not often swallowed in this country, yet the facilities for obtaining it are so great, that we commend the following directions, in cases of accidents from phosphorus, to the notice of our readers. They are by MM. Antonielli and Borsarelli, and are taken from the *Journal de Chimie Médicale*.

1. In cases of poisoning by phosphorus, or by substances containing it, it is especially necessary to avoid fatty substances, which, far from opposing the action of phosphorus on the organs, increase its energy, by facilitating its diffusion in the system.

2. The employment of calcined magnesia, suspended in water which has been boiled, and administered in large quantities, is the best antidote, and, at the same time, the most convenient purgative for expediting the elimination of the poison.

3. In cases where there is dysuria, the employment of the acetate of potash is of great service.

4. All the mucilaginous drinks which the patient takes should be prepared with boiled water, that they may contain as little air as possible.

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THE *Journal de Chimie Médicale* gives an account of a summary punishment inflicted on a liquor-seller, for a circumstance of which he was most likely wholly ignorant. The bar-keeper was accustomed to collect the drippings from the glasses (the "heel taps," in other words) in a pail, from which they were sold to other customers. A quantity of this liquid being seized, was examined by a chemist, who found that it contained lead (probably absorbed from the counter), and was consequently injurious to the health. The dealer was carried before the police court, and sentenced to fifteen days' imprisonment and a fine of fifty francs. Five copies of this sentence were ordered to be posted, one of them at his own door; the whole at his expense.

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*Reliable Pharmaceutical Preparations.*—We are glad to call the attention of the profession to the subjoined circular. The reputation of Dr. SQUIBB as a chemist and pharmacist is too well known to require from us more than a notice that he is employed in the manufacture of a class of preparations which, while they are of the most common use, are not commonly found to be reliable in quality. The profession may be assured that every article from the laboratory of Dr. SQUIBB is of the best quality, and fully worth the price. (See advertisement.)

"The subscriber, lately a passed Assistant Surgeon in the U. S. Navy, and for some years Assistant Director of the Naval Laboratory at New York, informs the Medical Profession that he has established a Laboratory at New York, for supplying to the U. S. Army, and such of the Medical and Pharmaceutical Professions as may desire it, a class of Medicinal Preparations that come fully up to the standard of the *National Pharmacopœia*.

"The common belief that much of the uncertainty of medical practice arises from the bad quality of medicinal substances, seems to acquire daily confirmation. Through faulty preparation and commercial competition, many preparations, formerly regarded as of primary importance, are gradually going out of use, while others produce effects, and cause accidents that do not properly belong to them, as described in the *Pharmacopœia*. New remedies, as suggested and offered for trial, are often found so imperfect, and varying so much in chemical character and strength, that they are either condemned, or received on false premises, both equally at variance with the proper progress in therapeutics; whilst most practitioners daily feel that the *materia medica* is not rich enough either to lose its old remedies, or to sacrifice opportunities of acquiring new ones.

"These circumstances, and the frequently expressed desire of medical men and pharmacutists, that a class of standard preparations might be made accessible to all, together with his experience in the manufacture of such preparations for the Navy, warrant the subscriber in undertaking to manufacture them as a *professional specialty*, and with more direct reference to the necessities of the profession, and the requirements of the *Pharmacopœia*, than usually obtains in mercantile pursuits; for it is believed that the profession now stands as much in need of such an applied specialty, as it formerly did of those of anatomy, physiology, &c. Several improvements, such as the printing of one or two simple easy tests upon the labels of some of the more important preparations, and in the mode of putting up such as are liable to deteriorate by careless keeping, are addressed particularly to the physician and pharmacist, and can hardly fail of a due appreciation by either.

EDWARD R. SQUIBB, M.D.

"Laboratory, 149 Furman street, Brooklyn."

*New Medical College in Chicago.*—We have received the "First Annual Announcement of the Medical Department of the Lind University, at Chicago, for the College Session of 1859-60." The first course of lectures will begin on the second Monday in October next, and end on the first Monday in March following.

*Medical and Literary Weekly* is the title of a new periodical published in Atlanta, Geo., by Drs. V. H. Taliaferro and G. Thomas. The articles are partly medical and partly literary—a combination which we should hardly think likely to be successful.

*Medical Appointments.*—Dr. AUSTIN FLINT, Jr., Editor of the *Buffalo Medical Journal*, has been appointed to the chair of Physiology and Microscopic Anatomy in the Medical Department of the University of Buffalo, and Dr. SANFORD EASTMAN has been appointed Professor of Anatomy in the same University.

*Medical Enterprise and Liberality.*—Among the instances of professional devotion and liberality, for which medical men, with all their faults, are certainly to be credited, the late donation made by Dr. JACOB HANSON, of this city, an alumnus of the College of Physicians and Surgeons, is one of the most noticeable. Dr. Hanson has appropriated the sum of \$2,500, in stock of the United States Trust Company, for the purpose of providing an annual prize, to be offered to the students of the College of Physicians and Surgeons, for the best report of the clinical instruction in the New York Hospital. The prize will consist, each year, of a gold medal of the value of \$50, and in addition, of a sum of from \$100 to \$150 in money; and the competing Reports are to embrace the results of the clinical instruction in the Hospital during any four months in the year. The award is to be made by a committee of five, consisting of the President and Professors of Surgery, and of Theory and Practice of Medicine in the College, an attending physician, and an attending surgeon of the New York Hospital, to be designated by the Trustees of the College.—*N. Y. Times*.

THE Academy of Medicine held a regular meeting Wednesday evening, May 18th. The main topic was the use of a Quarantine for the port of New York. Dr. HARRIS read an elaborate paper on the subject, concluding with the doctrine that proper nautical and municipal sanitary regulations would some day obviate the necessity of a Quarantine, but that Quarantine, though without its deception, farce and humbug, was necessary until we get the proper sanitary regulations. Drs. GRISCOM and STERLING expressed their views also.—*Ibid*.

*Inebriate Asylum in Tennessee.*—On the 16th of December last, a meeting was held in Knoxville, Tenn., to adopt measures to establish an "Asylum for Inebriates" in that place, after the plan of that at Binghamton. Rev. Thomas W. Hermes presided, and Dr. R. O. Currey acted as Secretary. Various addresses were made, and at the close it was resolved that the chairman of the meeting, with two others whom he might appoint, constitute a committee to prepare an address to the citizens of Tennessee on this subject; and further, that Jas. H. Cowan, Dr. C. W. Crozier and W. H. Kennedy, be appointed a committee to make arrangements for another meeting, and to give due notice thereof.—*Nashville (Tenn.) Journal of Medicine and Surgery*.



*Amputation at the Hip-Joint.*—We stated, a few weeks ago, that the operation of amputation at the hip-joint had been performed at the Massachusetts General Hospital, by Dr. WARREN, and that the patient would probably recover. Our readers will find the details of the case in this number. The report is highly interesting, both on account of the rarity of the operation and the success which followed it. We believe it is the first case in this city which terminated favorably.

*Diphtheria.*—The *Lancet* contains a report "on Diphtheria" by the sanitary commission of that journal. It traces the first origin of this disease to a period long antecedent to Hippocrates, and nearly contemporary with Homer, it being known then as the "Malum Egyptiacum." It refers to similar epidemics in Rome (A.D. 380); in Holland, 1337; in Spain, 1600; in Naples, 1619, when, out of a small population, it carried off 5,000 persons. Diphtheria, it would appear, ravaged New York in 1771 and 1813. The deaths of Washington and the Empress Josephine are attributed to it. From the careful study of the French epidemics since that of Tours, in 1824, diphtheria would appear to have traversed nearly all the departments, passing from the south littoral districts toward the centre. The epidemics which appear most closely to resemble those which have occurred in this country are those of Paris and Boulogne, in 1855. The *Lancet* states that 366 deaths occurred from this cause in the city, 341 of those who were carried off being under 10 years of age, and that the English were the greatest sufferers. Both in England and in France, diphtheria has shown itself regardless of meteorological, climatic, or cosmic influences, and careless of the limitations of heat, cold, dryness and moisture. Its course has been from the south-eastern counties toward the centre of the country, and thence toward the north. Its violence appears to be greatly aggravated by domestic uncleanness, certain predisposing individual conditions, and want of hygienic arrangements. Diphtheria is stated to be eminently contagious; so that the first precaution taken should be the complete isolation of the patient attacked. It is feared that this precaution has been greatly overlooked, and hence, partly, the frequency with which diphtheria has spread from one member of a family to another until all have fallen.

At a meeting of the Board of Managers of the Pennsylvania Hospital, Dr. F. G. Smith was elected one of the physicians to the institution, in place of Dr. Wood, resigned. Dr. Smith is a gentleman of high scientific attainment and good practical abilities. The appointment is a judicious one, and well deserved. —*Med. and Surg. Reporter.*

*Editorial Changes.*—Drs. DAVIS and JOHNSON retire from the *Chicago Medical Journal* as editors and proprietors, and Dr. DANIEL BRAINARD is the sole editor.

The *Maine Medical and Surgical Reporter* will be discontinued after the next number.

*Health of the City.*—Last week there were but 57 deaths, 4 of which were from casualties. There were 4 deaths from unknown diseases, 5 from "dropsy in the head," 1 from pneumonia, 2 from smallpox and 1 from cholera morbus. The number of those under 5 years of age was 16; between 20 and 40, 16. The total number of deaths for the corresponding week of 1858 was 74, of which 15 were from consumption, 2 from pneumonia, and 8 from "old age."

ERRATUM.—In last week's Journal, page 320, line 2 from top, for "having once entered the larynx," read *having passed beyond the larynx.*

MARRIED.—At Nantucket, 10th inst., John H. Sherman, M.D., of Augusta, Me., to Miss Ellen Chase.

DIED.—At West Dedham, 13th inst., Francis Howe, M.D.—At Baltimore, 19th inst., Dr. Wm. A. Briggs, formerly of Boston, 40.

*Communications Received.*—The Treatment of Paralysis of Motion. *Books and Pamphlets Received.*—Annual Report of the New York Eye Infirmary.—Transactions of the Medical Society of the State of New York for 1859.—Hints toward Physical Perfection, or the Philosophy of Human Beauty, &c. By D. H. Jacques. (From the publishers.)

*Deaths in Boston* for the week ending Saturday noon, May 21st, 57. Males, 29—Females, 28.—Accident, 1—apoplexy, 1—congestion of the brain, 1—consumption, 16—cholera morbus, 1—croup, 2—dropsy, 3—dropsy in the head, 5—drowned, 3—debility, 1—infantile diseases, 1—puerperal, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 2—inflammation of the lungs, 1—measles, 1—old age, 2—palsy, 1—peritonitis, 1—scrofula, 1—smallpox, 2—teething, 1—unknown, 4—whooping cough, 2. Under 5 years, 16—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 11—above 60 years, 6. Born in the United States, 36—Ireland, 20—other places, 1.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## THE TREATMENT OF PARALYSIS OF MOTION.

[Communicated for the Boston Medical and Surgical Journal.]

BY CHARLES FAYETTE TAYLOR, A.M., M.D., OF NEW YORK.

DURING the past two years and a half, my associate and myself have had twenty-three cases of paralysis of motion, none of them immediately after the first attack, but all of them after the ordinary treatment in such cases had been employed, to the satisfaction of physician and friends that the extent of its usefulness had been long past. They were thus all of a chronic character, being from six months to twenty-three years' standing—averaging, probably, two or three years. Four of these cases were broken-down "fast men," who, with one exception, were not benefited by the treatment pursued. Of the others, embracing *nineteen cases* of long-standing paralysis, most of which had long since ceased to show any signs of improvement, while in others there was an evident decline, *all* were very much improved; some were enabled to walk, who before were helpless; some (children) were perfectly restored—the strength of a paralyzed limb, for instance, being only less than the other as its size is less—and in every case the results of the treatment have been much greater than we could anticipate when the present mode of treatment in these cases was adopted.

While in Europe, during the summer of 1856, my attention was called to a system of exercises for those cases given over by the ordinary practitioner, which seemed so rational, and based upon such well-known physiological laws, that I spent some time in becoming acquainted with all its details, and have since put it into practice with the above results.

The theory is this:—paralysis of motion is a disease of the nervous centres, the muscles being only secondarily affected from want of use, by having their normal stimulus and contraction cut off. The disease of the nervous centres, causing this inability of the nerve to conduct the impulse of the will to the muscle, is clearly divisible into two parts, namely, the *organic*, and the *functional*—

organic, to the extent of the actual obstruction by reason of the existing disease, whether softening, effusion and pressure, or an apoplectic clot; and functional, to the extent of the original shock producing a suspension of function, and the continued inability to take up its manifestation at any given point after such suspension, although the original organic cause may have ceased to exist. The converse we also find to be true; that is, a disease of the brain may exist, but if not of a nature to produce a shock, or sudden interruption of function, the function will continue up to the full extent of the capacity of the nervous system. The latter, of course, is incapable of being ameliorated, for at the first step we are met by the organic lesion, which we here suppose to be incurable. But where amelioration of the organic lesion does take place, it does not follow that there is a corresponding amelioration of the paralysis; and it is necessary to have a resource for keeping the function up to its full capacity. Now it seems rational to suppose that so much of a paralysis *as is functional* (and in many cases it constitutes all there is remaining after the absorption of an effusion or clot, &c.), can be cured under favorable conditions.

The principle in the treatment of paralysis consists in ascertaining the conditions best adapted to call out any latent power. In accordance with the pathology, the primary conditions of the treatment should have reference to the *nervous* system, rather than to the muscular, which is only secondarily affected. A mere contraction of a muscle, as such, whether produced by strychnia, electricity, reflex action, or otherwise, possesses no ability to relieve the interruption of function in the organ which is the seat of the disease. A contraction, to be remedial, must be produced by a *coördinated volition*, which would be a functional manifestation capable of *development*.

Ordinary exercise, for these cases, has connected with it several unfavorable conditions. In the first place, the *morale* is unfavorable. The patient cannot *will* with adequate intensity and desire. No one can seriously and efficiently *try* to do what he knows he cannot do. A paralytic can no more really endeavor to raise a limb, or contract a muscle, which a thousand unsuccessful efforts have convinced him he cannot do, than he can seriously essay to fly. He can scarcely *try to try*.

And secondly, if he *does* make an effort, other muscles are so much more sensitive to the stimulus, and act so much more easily, that the impulse of the will is diverted to other parts, and another movement than the one intended is the result. And so the pernicious habit of the system is kept up. Thus it is, that these cases re-act to a certain extent, and then stop far short of their actual ability to recover.

The following rules may be laid down as guides in the treatment of these cases:



1. Secure, in the first place, a right *direction* of volition, by placing the patient in such a position that no other muscles can act than the ones toward which the impulse is sent.

2. Or (where there is some power remaining), cause a *greater* contraction in the affected muscles, *by the necessities of the position*, than can exist at the same time in any other part—the contractions converging toward, and accumulating in the feeble muscles.

3. Make every movement *very slowly*, so as to secure the maximum effect in the muscle (contraction of fibre), with the minimum expenditure of nervous force.

4. Cause every movement to be perfectly definite; a *mere* movement does no good, but a *definite* one is coördinated by the nervous system (cerebellum) and has an initial effect there.

5. Secure an effective *volition* by having each movement, no matter how simple, made only under a definite command.

6. Do not exhaust the feeble resources of the nervous system by over-doing. This is exceedingly important. One or two well-sustained, definite impulses of the will are worth more than any number of the contrary ones.

7. Always assist the patient in every movement, and never allow him to attempt one that he does not execute apparently with his own force, even if extraneous aid is given, which aid is always necessary in the beginning. Assist or resist, according to the ability of the patient and the effect desired; but always *direct* by actual contact.

If the above rules are strictly adhered to, the result will be truly gratifying. Two cases will illustrate the proceedings.

In October, 1858, I was called, by the advice of the attending physician, to see a lady 74 years old, who, ten months before, had experienced an apoplectic attack, followed by complete hemiplegia of the right side. Reaction to a certain extent followed, so that when I saw her she could walk alone, and get up and down stairs with help, but she had never been able to move, in the least, the right arm. She walked, as such persons usually do, dragging the right leg.

This had been her condition for some months. Two months' treatment on the foregoing principles enabled her to get considerable control of the right arm and hand (the fingers were previously strongly contracted into the palm), and she could get up and down stairs alone, lifting the right foot and putting it forward as others do. In all other respects the improvement was as marked. Here was a member (the right arm), previously entirely useless, to a certain extent restored to use.

On the first of last December, a lad of ten years was brought to me with paralysis of the left side. Five years before, he was kicked by a horse in the right fronto-parietal region, and a portion of the skull, 3 inches long by 2½ broad, was depressed and forced

under the adjoining parts. The brain was lacerated, and the fragments of skull removed with great difficulty. He was comatose for twenty-four hours, when consciousness returning, he was found to be paralyzed on the left side. After a tedious convalescence of a year, during which unhealthy granulations had to be ligatured, an abscess formed, &c., the wound healed and he was able to walk, but he never regained the use of his hand. The fingers were flexed, and he had not the least control over them; the arm he could move about feebly; and the leg would support about one fourth or one fifth of the weight of the body. His position was inclining toward the left side, and that side was deficient in development. His mind was not affected. This was his condition when he commenced treatment. After three months of the systematic exercises, he could use his hand to climb a ladder, carry things, and even began to feed himself; he could stand on the foot of that side, sustaining the *whole* weight of the body for fifteen minutes (as long as most people could). His form is erect, he walks with only a slight hitch in his gait, and is otherwise remarkably changed. He has since had a severe attack of pneumonia, and was obliged to suspend treatment and return to his house in the country; but I saw him yesterday, and find that he has lost none of the control gained over the paralyzed muscles. He continues the treatment. This case is interesting because we know definitely what the lesion is, and also that during so great improvement there could have been no corresponding change in the brain, which had cicatrized four years before. I ought to have said, that for a year or two past he had sensibly failed as to the use of the paralyzed muscles.

For a more extended description of the treatment and reports of cases, see *American Medical Monthly* for November, 1858.

29 Cooper Institute, New York.

#### VESICO-VAGINAL FISTULA.—(SECOND ARTICLE.)

[Translated from the *Gazette Hebdomadaire de Médecine et de Chirurgie* of January 28th, 1859, for the Boston Medical and Surgical Journal.]

BY GEORGE HAYWARD, JR., M.D.

THE second publication of Dr. Hayward contained fewer original ideas than the first; but, in requital for this, we find information of great utility, and such as surgeons are usually too sparing of. I will now give his statement of several unsuccessful cases, which induced the author to endeavor to seek out the causes of failure, and to modify his first operation in those points in which it appeared to him to be defective.

We cannot too much insist upon the necessity of publishing, with full details, an account of the hindrances experienced in performing operations; it is the only way to pass judgment upon what has been done, and warn others against new mistakes, and to pre-

vent the patient from being continually the subject for new experiments. A surgeon has not done enough when he has indicated, in a line or two, that one of his operations has failed; for those who come after him could always attribute the want of success to accident, and are induced to try again in the hope of being more fortunate. Brevity in such a case, although it may bear witness to the good faith of an author, does not guarantee him from the suspicion of ignorance, and increases the amount of responsibility which rests upon him. Here, as elsewhere, the naked truth is necessary without those reservations which serve it as a veil.

Dr. Hayward performed his second operation in August, 1840, upon a woman of about 35 years of age, already the mother of several children. The case was very unfavorable. In the space of two years, six operations were performed, which produced an amelioration of the difficulty; but the text is not sufficiently explicit for us to know whether the fistula was ever completely closed. These are the last statements with regard to it: "The general condition was gradually improved, the ulcerations (from the upper part of the thighs to the knees) caused by the urine had disappeared. The urine could be retained for several hours. The bladder had, in part, recovered its contractile and expulsive powers. The patient could, without inconvenience, walk and ride. Her condition was entirely changed, life was no longer a burden to her; she became once more a happy and useful member of society."

These words allow us to place this among the successful cases, although the statement is not altogether complete. For the rest, if a general table of the operations for vesico-vaginal fistula should at any time be formed, it would be necessary to resolve the cases into three categories: those which were entirely unsuccessful, those which were completely successful, and those which were relieved in different degrees. The last division, indeed, is sufficiently elastic to be abused a little; it must, however, be agreed that the surgeon has not labored in vain when the patient is able to retain her water two or three hours, or where a little plugging of the vagina is sufficient to remedy a slight dribbling. A result like this, although imperfect, is yet very advantageous, and experience shows that reparative surgery has often obtained similar ones. I address this digression to those too difficult critics who are inclined to reject plastic operations, under the pretext that they do not completely reestablish the form and functions of an organ.

I come now to the unsuccessful cases. In December, 1840, Dr. Hayward treated a patient of about 22 years of age. The operation and its results went on altogether successfully; at the end of a proper time the parts were examined. The adhesion appeared complete; the sutures were therefore removed. But, on the following day, the water passed freely through the fistula, which



appeared to be as large as before the operation. The patient refused to submit to a new trial.

In seeking for the cause of this vexatious accident, Dr. Hayward thought that the removal of the sutures might have had its part. It was impossible to reach the threads without bringing down the bladder to a certain point, and in consequence without exercising upon the newly re-united parts a traction capable of breaking the new cicatrix, as yet destitute of sufficient power of resistance.

This hypothesis appeared to be soon confirmed. A new patient presented herself in October, 1842. The injury offered the greatest resemblance to that of the preceding case; everything promised a favorable result. The operation was performed, and, some days after, an examination was made of the parts. A solid adhesion appeared to be established throughout the whole extent of the fistula. Nevertheless, in bringing down the bladder a little, in order to cut the stitches, the adhesive matter which united the edges of the opening yielded suddenly, and the opening showed itself as large as before the operation. Whether the parts would have remained re-united if all traction had been abstained from, it is impossible to say; in all these cases from the first, experience confirmed Dr. Hayward in the idea that the proceedings necessary to bring down the sutures could very much affect the re-union; he therefore thought it best to change the manner of operating.

Up to this time the mode of operating, and the proceedings after it, such as we have described in the first article, had not varied, so that the first phase of the operation of Dr. Hayward extended in reality to the year 1843. Let us cast a glance to the general results which it had furnished. Four patients had been treated. With the first there had been complete success; with the third and fourth, failure at the first attempt. The second had to be operated on six times before she was cured, even allowing that a radical cure was effected in her case. This gives us the following proportion: 9 operations—7 more or less unsuccessful, 2 successful.

To resume: two patients had been cured out of four. Nothing proves that the other two would not have been equally fortunate, with a little more perseverance. If the time when these attempts were made is taken into consideration, the proportion is not discouraging.

Let us see, in the mean time, to what new expedient Dr. Hayward thought he ought to have recourse. He gave up the removal of the sutures, and resolved to leave them in until they were loosened by the ulceration which they would cause. From that time he changed, also, the threads he had used, and substituted for them ligatures of dentists' silk, which are made of a single twist. The paring and the mode of passing the sutures remained the same. The object

of this change is clearly shown in the following sentence: "I regard the small size of the ligature, and allowing it to remain in its place until separated by the efforts of nature, as a great improvement, and well calculated to have a favorable influence on the result of the operation."

An analysis of the following cases will enable us to judge of the value of the innovation.

CASE I.—A woman of 23 years of age was delivered of her first child five years and a half before, the labor lasting four days. Two weeks after, a slough separated from the upper wall of the vagina, leaving a transverse opening into the bladder two inches long, situated an inch behind the meatus urinarius. Now, in consequence of having worn a catheter for a long time, the opening is reduced to the size of the end of a man's finger. Cannot retain the urine, except when perfectly quiet, and then only for a very short time. Various nervous troubles; great irritability of the vagina.

The operation was performed October 16th, 1843. The fistula was half an inch in length, and was situated an inch and a half behind the meatus urinarius; two sutures were used to bring the edges together. A large female catheter was then introduced and secured *in situ*, and the patient carried to bed, and directed to lie upon the right side.

Had some general uneasiness during the following days, but no serious symptom. On the 24th, her condition was very good, did not wear the catheter, could retain her water an hour or two. In the upright position the water passed by the meatus, and none by the fistula. On the 26th, had not worn the catheter for two days, was able to retain urine, but not to expel it voluntarily. On the 29th, the stitches still remained in the wound; some symptoms of general uneasiness; catamenia appeared Nov. 4th; symptoms improved during the following days. Nov. 17th, the fistula was entirely closed; troubled at times with irritability of the bladder. The patient had not yet regained control over the meatus, but was not obliged to use catheter at all. Rode out every pleasant day; her condition was comfortable. Left the Hospital Nov. 27th.

[On the 19th of February\* of the following year (1844), three months after the cure was effected, returned to the Hospital. Reported that, on leaving the Hospital, she rode to Springfield, travelling all day. Passed urine once without difficulty, and on endeavoring to again, found herself unable to do so. Was in great pain all night, and since that time had had constant passage of urine into the vagina. On examination, a small opening was found at the upper part of the cicatrix, large enough to admit the end of

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\* M. Verneuil has fallen here into the error of supposing that the time when the fistula re-opened was February 19th, 1844; whereas it was November 28th, 1843, the day after her discharge from the Hospital. This mistake has been corrected in the translation, together with several others of less consequence, but it was thought best to mention them, to account for the variation from the original.—TRANS.

the catheter, through which the urine trickled down over the cicatrix, which is covered with fungous granulations. Several ounces of urine in the bladder.] The patient placed herself again under the care of Dr. Hayward, who, between April 25th and August 15th, operated four times, gaining something at each operation, so that the fistula was reduced to one of so small a diameter that the bladder regained not only its power of retaining, but also of expelling its contents at the patient's will.

The patient returned home, and the operator was informed, in 1855, that her health was good, that she suffered but little from her infirmity, and that she had given birth to a living and healthy child.

Of all the patients which Dr. Hayward treated, this one was the most difficult to manage, both during the operations and in the intervals between them, and this may, to a certain extent, account for the incomplete success obtained.

CASE II.—Woman of 29 years of age; confined with her first child three months before; labor was long, terminated by the forceps; child dead. She had not passed water for thirty-six hours, when she was delivered; an hour after, the urine began to dribble into the vagina, and continued to flow off by that passage afterward.

On examination, Dr. Hayward found a small transverse fissure, about two inches within the vagina. The operation was performed July 5th, 1845. The bladder was brought down by means of a whalebone bougie, introduced through the urethra, which caused much pain. Two sutures were used to close the opening, a catheter introduced, and the patient placed upon her side. The urine passed readily through the catheter until the fourth day, when it became obstructed and was removed, and another substituted.

The ligatures came away on the seventh day; catheter was removed two or three days after. The patient could retain her urine for nearly two hours. After this time it passed through the opening, which is much smaller than before the operation. Discharged relieved.

CASE III.—A woman 30 years of age. Treated for a supposed incontinence of urine since her last confinement. An examination showed the existence of a fissure, which allowed most of the urine to pass through it; when in the erect position, the urine could be retained only a very short time. She suffered much pain, and there was excoriation and great sensibility of the neighboring parts. The sutures were inserted, and the treatment conducted as in the previous cases. At the end of a fortnight, it appeared that the fistula was diminished, but not entirely closed. A second operation was then performed about three weeks after. The result was that the bladder recovered, in a great measure, its powers of retention and expulsion. A little more than a year afterward, Dr. Hayward saw the patient again; her condition was very much



improved since the last operation. By a little care on her part to introduce the catheter occasionally, nearly all the water passed through the natural passage. She thought that there was no necessity to submit to further surgical treatment, nor did he think that any was called for. Nothing has been heard from her since, but it is probable that the fistulous opening has contracted still more, so that she experiences little if any inconvenience from it.

CASE IV.—A woman 40 years of age; the injury was produced at her third labor, which, at the end of twenty-two hours, was terminated by a midwife, without instruments. The fistula, three quarters of an inch in extent, with thickened and indurated edges, was situated at the fundus of the bladder, near the os tincae.

The operation was performed March 14th, 1847, with sulphuric ether, the wall of the vagina being brought down by means of the whalebone bougie. The edges were then pared, so that the cut surfaces inclined from without inward, and when in contact the mucous membrane was corrugated. Two sutures were then taken, not extending through the inner coat of the bladder. By this the fissure was completely closed. A large-sized catheter was then introduced into the bladder and secured there. Owing to the ether, the parts were so much relaxed that the bladder was brought down with the greatest ease. On the 21st of March, the fissure was very much diminished, but it still allowed a small quantity of urine to pass through; the catheter was removed and replaced by an elastic bougie. April 11th, the urine leaked a little through the fistula, but was retained for several hours; the sutures came away on the morning of this day. In the evening the whole trouble returned, the water continually running through the fissure. April 14th, the operation was repeated. Patient was placed in bed with the trunk elevated, so that the urine may gravitate below the fissure. April 17th, patient doing well; catheter removed, and an elastic one introduced every three or four hours. April 25th, fistula is closed; no leakage; incontinence of urine; catheter to be introduced many times a day for a long time. May 3d, discharged well.

This case is interesting from various causes: anæsthesia assisted the bringing down of the vesico-vaginal wall; the paring was so done that the cut surfaces inclined from without inward, so that the mucous membrane of the bladder was corrugated when the edges of the fistula were in contact; the position of lying upon the side, after the operation, was changed for one almost sitting. The second operation was performed only three days after the rupture of the first union. It is annoying that nothing is said as to how the operation was performed, and whether the paring was done in the same manner. In general, quite a long time intervenes between two consecutive operations, which is, perhaps, an error. Finally, wearing the catheter was omitted at the end of three days, and was replaced by frequent catheterism. We ob-

serve, in passing, that the paring and the treatment after it, in this case which was successful, were very much changed.

CASE V.—Woman 22 years of age; confined with first child eight weeks before. Flowing of water into vagina commenced two days after confinement; fistula of an oval shape, situated two and three quarters inches from meatus, is large enough to admit the end of the little finger; operation performed Dec. 16th, 1849. Etherization, bringing down the fundus of the bladder, paring and closing fistula with two sutures, were as in the preceding case. The first suture came away Dec. 26th; the second remained until Jan. 9th. There was no leakage into the vagina, the water could be retained an hour and a half and expelled at pleasure.

This patient was discharged at this time, at her own request, but it has been ascertained since that she has remained perfectly well. The second stitch came away without trouble.

We have thought that we ought to analyze all the cases which constitute the second series of operations performed by Dr. Hayward, since it is impossible to judge of the methods without making a thorough examination of the cases in which they were employed. We formed a sort of table of the results furnished by the first method. Let us submit the second to the same criterion.

Five patients were treated; three were completely cured; in the fourth case I admit the want of success, but the diminution of the size of the opening did, without doubt, relieve somewhat the inconveniences caused by the infirmity; in the last case, on the other hand, the relief amounted almost to a cure. The operations performed were thus divided: four complete cures; six unsuccessful cases; one case of almost entire success.

Taken on the whole, this result is very much superior to that of the first series. Let us now examine and see whether this increase of success is owing to chance or to improvements in the operation.

Dr. Hayward, in 1842, attributed two consecutive failures to bringing down the bladder, and the traction exerted upon the new cicatrix during the removal of the stitches; he gave up removing them from that time, and resolved to leave the expulsion of the sutures to the natural process which would relieve the tissues of these foreign bodies. We do not deny the injurious influence which any violence would have upon the fragile adhesive matter which re-unites a wound; but we think that about the eighth day the re-union possesses already a considerable power of resistance, when the uniting substance has not undergone any alteration. We think, also, that in the other case the union is very precarious, and susceptible of destruction, in spite of the prolonged retention of the means of union and of the artificial bringing together of the sides of the wound; in one word, we believe that, in the two cases to which we have alluded, the failure of the suture was decided when the threads were withdrawn. If in these cases the expulsion of

the threads had been left to the efforts of nature alone, the re-appearing of the fistula would have been delayed some days, but it would have shown itself inevitably. In the fourth case, the sutures detached themselves spontaneously at the twenty-seventh day; but, seven days after the operation, the urine already flowed through the fistula, and therefore the union was not effected. In truth, the rent does not show itself until some hours after the removal of the ligatures; so that it can be easily understood how the sutures remaining in their places, could keep also the sides of the fistula in contact, at a time when the union itself had failed. This shows that we must not take the parts to be really united together, which in fact are only in close apposition.

The extent of this article will not allow us to decide at what time, after the operation for vesico-vaginal fistula, it is proper to remove the sutures. This time is, moreover, variable, according to the size and character of the thread, the extent of the fistula, and the degree of tension to which its edges are subjected in order to bring them together, so that it is difficult to give any general rule upon the subject. Nevertheless, it may be said that, from the moment when the sutures cause inflammation, their presence does more harm than good to the re-union; I do not even except the slow process designated as eliminating inflammation (set up in order to remove the sutures), since its neighborhood is always dangerous to the plastic tissue which holds the sides of the fistula together, and which is, as yet, but feebly organized.

For this reason I reject the first modification practised by Dr. Hayward, because the removal of the sutures can, in my opinion, be effected without bringing down the bladder, and without drawing upon the vesico-vaginal wall. I have removed five sutures from a very deeply-situated vesico-vaginal fistula without meeting with the unfortunate result which Dr. Hayward experienced, and the thing would be very much facilitated by placing the patient upon her knees and elbows, and by the employment of the univalve speculum of Dr. Marion Sims.

One circumstance in Dr. Hayward's operation, it is true, diminishes very much the ill effects which I attribute to the spontaneous expulsion of the sutures. This is, their situation in the thickness of the vesico-vaginal wall, without penetrating into the bladder; for thus it can easily be seen how a re-union of the wound in the bladder can take place above the suture. In the usual mode of operating, on the contrary, where the suture penetrates into the bladder, to leave the sutures in until they were removed by natural processes would almost necessarily produce secondary fistulas more or less troublesome, even admitting that re-union of the original fistula had been successfully accomplished. This accident, which at least retards the cure, if it does not require new operations, may frequently be observed when a suture gives way instead of being taken out by the surgeon. The innovation intro-



duced by Dr. Hayward comprehends two totally distinct things; and, if, after what precedes, I reject the first, it is quite otherwise with the second; that is, the small size of the sutures made use of. This is a real improvement, and is, as I shall show by and by, one of the principal points in the process of Sims and Bozeman. Diefenbach, whose authority in such a matter no one will question, extolled insect pins very much, as we know, as a means of bringing the parts into very close apposition in plastic surgery. Amussat, a person of great experience, employed the same method; and Dr. Hayward himself has employed for the hare-lip operation very slender pins, or fine steel needles. In short, the size of the foreign body placed in our tissues is by no means a matter of indifference.

Upon this small, but important point, surgeons have held diametrically opposite opinions. Some employ large sutures formed of three or four waxed threads united into a flat cord; while others use extremely fine sutures. Of course the first are placed at a sufficiently long distance from one another, while the others can, and ought to, be placed very near together. The advocates of the large sutures maintain that they bring the parts more closely together, and keep them more firmly in contact. In my opinion, however, they think of the present rather than the future; it is not to be denied that their method is the most expeditious, for two large sutures will suffice where four small ones would be necessary, and each suture requires a considerable time to be introduced; but neither can it be denied, other things being equal, that a large foreign body will produce a more rapid and more violent inflammation in our tissues than a small one of the same substance. The same persons, consistently, say that small pins, and fine threads, act as cutting instruments, and divide the tissues more rapidly than large ones. This is an evident mistake; separation of the lips of a united wound is only caused by ulcerative inflammation; and two threads being given, that one will break the union most quickly which will produce the greatest amount of inflammation. If it is admitted that our tissues do not bear a large seton as well as a small one, the question is decided. I do not hesitate, then, to consider the ribands employed in this operation as altogether irrational, and entirely unsuited to the end proposed.

The slender threads are only liable to slight objections, which can be very easily refuted. It may be feared that they would be too weak to restrain the tendency which the lips of the wound have to separate, and that they would not bring the edges well together on account of the small hold which they have upon the tissues which they go through; that they would break during the performance of the operation, or that they would allow the re-united parts to gape in the interstices between the stitches. In order to remedy these slight inconveniences, it is necessary to select sutures which have a sufficient strength in a small bulk, and to bring them suffi-

ciently near together, placing them four or five millimetres apart, which it would be dangerous to do with the large threads.

To resume: Dr. Hayward had a judicious appreciation of the favorable influence of small sutures, and, if he had thought of employing metallic sutures, he would have left but little for his successors to do.

Let us observe that the two papers which we have analyzed appeared in 1851, and that in them may be found the greater part of the fundamental ideas, which, in our opinion, established the superiority of the operation of Drs. Sims and Bozeman. We do not wish in any manner to depreciate the remarkable operations of these last; we have only wished to do justice to Dr. Hayward for having, during ten years (1839-1849), turned his attention to the cure of vesico-vaginal fistula, one of the greatest triumphs of modern surgery.

A desire to make this article complete, causes us to add to the previous cases an analysis of an operation performed by Mr. I. Baker Brown, a distinguished surgeon of London, by a method which, in spite of some marked differences, resembles that of Dr. Hayward where the sutures were left to be thrown off spontaneously by the efforts of nature (*Medical Times and Gazette*, April 17th, 1858, p. 393). Mr. Brown adds some remarks to the case. He lays great stress upon union at the first attempt, a very rare result; upon allowing the stitches to come away spontaneously, as in Dr. Hayward's method; and, finally, upon an early operation, which appeared to him to be very advantageous.

We could, for our part, dilate upon the method of paring, already rendered famous by Dr. Minturn (of New York); upon the good effect of the quilled suture, &c. &c., but we should be drawn too far, and we stop ourselves here. AR. VERNEUIL.

### Bibliographical Notices.

*Ophthalmic Hospital Reports, and Journal of the Royal London Ophthalmic Hospital.*

WE have previously referred to this Journal in terms of high commendation; and every number seems not only to make good the first fair promise, but in certain respects surpasses the earlier issues. Thus we have, in the number for January, 1859, besides many papers and cases of unusual value and interest, some very finely-executed representations of the ophthalmoscopic appearances in a case of "Apoplexy of the choroid (?) and retina about the right *optic nerve entrance*." The appearances in the left eye of the same patient are likewise given; and the case is reported in the Journal. The chromo-lithographs are of a high order of excellence; and such must always peculiarly enhance the worth of a periodical devoted to the pathology of the eye.

Among the important cases reported in the number to which we allude, are seven instances of strabismus in one family, minutely de-

tailed by the accomplished editor, Mr. Streatfield. Mr. S. takes occasion to remark the ignorance still prevailing among the poorer classes in London, as to the operation for relieving strabismus. We have remarked the same thing here, having frequently suggested to the parents of squinting children, to whom we had been called for other ailments, that the deformity might and ought to be removed—a thing which not only seemed never to have occurred to them, but which, in many instances, they are slow to believe. Many operations for strabismus, however, are performed at our public infirmaries and in private practice.

We observe, also, in the same number of the *Ophthalmic Journal*, an exceedingly interesting, and to us totally novel, case, the phenomena of which were referrible to *lactation*. It is entitled “Temporary Obesity and Amaurosis during Lactation,” and is related by Dr. Septimius Gibbon. During her first two lactations, the patient, who is 24 years old, became “very fat,” so much so, that on the first occasion, the rings she wore on her fingers had to be filed asunder. At the same time, the muscular debility was very marked, and her eyesight failed her more or less. As soon as she weans her child, she has been accustomed to lose a good deal of her fat.” In her third lactation, this woman entirely lost her sight—the condition being amaurotic—the pupils “dilated and nearly insensible to light. She could not discern the situation of the window in the room.” Dr. Gibbon directed her “to wean the child, to drink milk, to eat meat twice or three times a-day, and to take the following draught: *R. Syrup. ferri iodidi*, m. xx.; *ext. nucis vomicæ*, gr.  $\frac{1}{4}$ ; *infus. columbæ*,  $\mathfrak{z}$ i., *ter die*. *Pil. aloes c. myrrha*, gr. x., *alt. noct*. With this plan of treatment, the menstrual discharge soon made its appearance. She lost some of her fat, and regained her visual powers.”

The combination of temporary obesity and amaurosis is the novelty to which we above alluded, and the peculiarity is especially referred to by Dr. Gibbon, who says—“Many cases have been recorded of amaurosis as symptomatic of hæmorrhage, and debility arising from prolonged lactation; but I have not been able to meet with one accompanied, as this case was, with an excessive development of fat in an early stage of suckling.” The reporter declares his opinion “that the amaurosis arose from organic change, as fatty degeneration, rather than from defective circulation in the retinæ.” The anæmia, he states, was but slight. Through a mistake made by the patient, no ophthalmoscopic examination of the eyes was obtained.

In addition to the above, we have several interesting cases of extraction of foreign bodies from the interior of the eye. These reports are by Mr. Critchett, Mr. Wordsworth, Mr. Hulke (operations by Mr. Bowman) and Mr. Dixon—the last a long and very minute account, and one of great value and interest.

Dr. Alfred Taylor has contributed a paper entitled “Ophthalmia as a Result of the Use of Arsenical Wall Papers”—a matter of great importance to the community, and one in which we could not have better testimony nor more reliable advice.

Mr. France has an article of some seven pages “On Cataract in Association with Diabetes”; and Mr. Hulke furnishes others—one upon “Dacryops, Dacryops Fistulosus Palpebræ Superioris; or Lachrymal Cysts and True Lachrymal Fistula”; and one upon “Rupture of the Eyeball,” with cases. The latter is liberally and well illustrated.



"A Report on Excisions of the Eye and Collateral Operations performed at the London Ophthalmic Hospital," from April, 1858, to the end of that year, concludes the number. It is prepared by Dr. Bader, the Curator and Registrar, and is very able and valuable.

There is, following the Report, an excellent wood-cut, with an accompanying explanation, and which "is a representation (of the natural size) of the fundus of the right eye after excision;" which operation was done in consequence of disease which was found to have invaded the choroid, sclerotic and retina. (See same Journal, No. 3, pp. 119, 121.)

From what we have presented of the contents of one number of this elegantly printed and carefully prepared journal, we are confident that our readers will perceive that it is one which no special ophthalmic surgeon can afford to be without. The names of its contributors alone, would sufficiently guarantee its character, and its editor is untiring both in his official capacity and as a writer for its pages. We find it ever welcome, entertaining and instructive, and wish it abundant success.

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*Five Essays.* By JOHN KEARSLEY MITCHELL, M.D., late Professor of Practice of Medicine in Jefferson Medical College, &c. Edited by S. WEIR MITCHELL, M.D. Philadelphia: J. B. Lippincott & Co. 1859. 12mo. pp. 371.

THESE essays, by the late eminent Dr. Mitchell, of Philadelphia, will be read with interest and advantage, as the results of accurate observation and sound judgment. Their titles are, the Cryptogamous Origin of Malarious and Epidemic Fevers; Animal Magnetism, or Vital Induction; the Penetrativeness of Fluids; the Penetrativeness of Gases; a New Practice in Acute and Chronic Rheumatism. These essays have all appeared before the public, in various periodicals, with the exception of that on animal magnetism, which we commend especially to the attention of the reader, as the best paper on the subject with which we are acquainted. Dr. Mitchell devoted many years to the investigation of the phenomena of what is called mesmerism, animal magnetism, vital induction, &c., and from a man of his extreme accuracy, both in observing and weighing natural phenomena, we could but expect to have the truth of the matter. He says, speaking of the continued existence of a power which has been repeatedly pronounced to be defunct, "There must be some peculiar reason for this extraordinary vitality in an apparently absurd subject. We no longer hear of witchcraft or astrology among the educated and the wise. Belief in ghosts ceases with ignorance. But mesmerism has never lost its hold upon a portion of the *élite* of our enlightened age; and at this moment, the almost entire population of educated New England disregards the monitions of Franklin, and the ridicule of Dubois, and has its hundreds of magnetizers and its thousands of somnambulists."

In all his experiments, Dr. Mitchell was governed solely by the love of truth, and the desire of discovering it. He applied the most rigid tests, he took every precaution to exclude error, he was indefatigable in his investigations. We should be glad to give the details of his method of experimenting, but for this we can only refer the reader to the book itself. A recapitulation at the end of the essay includes thirty paragraphs. We regret that we cannot transcribe these, but our space will only allow us to present a brief abstract of them. Ac-

according to the author, the mesmeric sleep is usually producible within ten minutes. The proportion of persons susceptible of it is about 1 in 7.14. The time required to produce the sleep varies from three minutes to twenty-four minutes; and when the patient is undisturbed, its duration is never so long as that of natural sleep, varying between half an hour and one hour and three quarters. The phenomena of the sleep are, increase of the circulation, but not of the respiration; an obtunded sensibility to pain, and sometimes, though rarely, its total oblivion; a more or less complete obliviousness of the thoughts and events of the mesmeric state, while awake, although the memory of the events of the natural state is strong in the artificial state; the retention of locomotion, and the facility of being led into suggested dreams. The alleged miracles of clairvoyance, intuition and prevision have no real existence. "The *rapport*, relation or communication, supposed to have an absolute existence, dependent on the mesmeric fluid, seems to be entirely voluntary on the part of the patient, and to rest on his knowledge of its supposed necessity. It is, therefore, a delusion, but one of the greatest convenience to the public exhibitors of mesmeric wonders." The effects of mesmerism as applied to the treatment of disease, are very limited. "It may sometimes be usefully employed to allay nervous irritation, procure sleep, and obtund nervous sensibility during surgical operations; but from the fewness of susceptible persons, it can be used very seldom for such purposes. In all other cases it appears to be of little use, and, so far as I know, has never cured any serious disease. On the other hand, it sometimes, especially in unpractised hands, produces frightful disorders, both of mind and body, and should, therefore, be resorted to solely for proper and important purposes, and then only with due caution."

We have but little space left to notice the other essays in this volume. They are well worth reading, however, and with this remark we dismiss them all except the last, on acute and chronic rheumatism, which is the only one in the book relating to practical medicine. The author suggests a new mode of treating rheumatism, by applying counter-irritation to the spine, at the points where the nerves issue which are distributed to the affected parts. The applications consist in cupping, blistering and leeching. A table of 32 cases is appended, of which 22 were cured within eight days; and of the remaining 10, 4 were instances of frequent relapses, through imprudent exposure during convalescence. Two others were suspected of being malingerers; only 4 cases, therefore, required any other than spinal treatment.

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THE oil of the dugong has been lately proposed as a substitute for cod-liver oil by Australian physicians. Dr. Hobbs, Medical Health Officer of Moreton Bay, Australia, has again called attention to its curative properties; and if this oil should prove as efficacious in the hands of others as he believes it has in his own, there will be great reason for congratulation. The dugong is very abundant in the Australian waters and in the Indian seas, and might be obtained in large quantities at a moderate cost. It has the advantage of being a pure, sweet, and palatable oil, which may be used in cooking, and is peculiarly digestible. On the other hand, it contains no iodine.—*Lancet*.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JUNE 2, 1859.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

THE late meeting of the Society was one of the most agreeable and successful within our recollection. Although the sun did not shine so brightly as on some days of the "Anniversary Week," there was no rain, and the coolness of the weather was a pleasant relief after the heat of the preceding day. According to custom, the Councillors met on the evening previous, and elected the officers for the ensuing year, as follows:—*President*, Dr. JOHN HOMANS; *Vice President*, Dr. John G. Metcalf; *Corresponding Secretary*, Dr. Benj. E. Cotting; *Recording Secretary*, Dr. J. B. Alley; *Librarian*, Dr. Wm. Ed. Coale; *Treasurer*, Dr. A. A. Gould; *Anniversary Chairman* for 1860, Dr. D. H. Storer; *Orator*, Dr. O. W. Holmes; *Committee of Arrangements*, Drs. W. E. Coale, Samuel Cabot, Jr., Chas. E. Buckingham, Francis Minot, and W. J. Dale. The President was authorized to appoint three delegates to the Convention for revising the National Pharmacopœia, which will meet at Washington, on the first Wednesday in May, 1860. The Treasurer's Report was read, showing that the receipts during the year amounted to \$5,114.50, and the expenditures to \$5,245.86, leaving a balance due the Treasurer of \$131.36. The income of the Permanent Fund is \$618.92, and that of the Shattuck Fund is \$504.18, the two amounting to \$1,123.10. There were also reports from the committees of the library, of finance, and of the auditors. It was voted to meet next year in Boston. A discussion was had on the alteration in the By-laws, to which we alluded a few weeks ago. No definite action was had on the subject, and the matter was referred to a committee consisting of Drs. J. Bigelow, A. A. Gould, J. Jeffries, G. C. Shattuck, H. J. Bigelow, H. H. Childs, and J. G. Metcalf, who will report at a subsequent meeting. The business of looking after the interests of the Society during the next session of the Legislature, and of taking such measures for protecting those interests as may be deemed expedient, was referred to the same committee. Dr. Jarvis, from the Committee on Zymotic Diseases, reported an order appointing the same committee for the ensuing year, which was adopted. We subjoin the Librarian's Report.

"The Librarian of the Massachusetts Medical Society begs leave to make his annual report. In doing this, he must premise he cannot say much, because he has not much to say. During the past year, there has been the average number of omissions to inform the Librarian of assessments having been paid, and of residences having been changed, and consequently the average number of complaints that books and periodicals have not been received. The result of these neglects and omissions the Librarian has set himself diligently to correct, and going about his labors with a strong determination to please every one in general and himself in particular, he flatters himself he has succeeded in both aims. If any gentleman has still anything to complain of, the Librarian begs he may at once be informed, that he may have an additional opportunity of indulging his strong desire to set as many

things to rights as possible. The remarkable, not to say startling event of the year—one which he trusts will cause his term of Librarianship to be *cum creta notata*—one that will make this an *annus mirabilis* in the history of the Massachusetts Medical Society—is the completion of Copland's Dictionary. Through twenty-five years, "in linked sweetness long drawn out," the publication of this work has been protracted. Empires have fallen, others have risen on their ruins, and these in turn given way to others—the political and scientific aspect of the face of the globe has been changed many times and oft—but Dr. Copland, with continuous and unflagging pertinacity, has progressed steadily through the alphabet. All things sublunary, or to put it more strongly, all things finite, have a termination, and to-morrow men who, in the prime of life and in the full flush of youthful hope, consulted the letter A, may, in gray hairs and spectacles, improve their knowledge in all medical subjects commencing with U, V, W, X, Y & Z.

"The Librarian has supplied the various Libraries specified in the vote of the Councillors at the meeting of February, 1859, with such volumes as will complete their sets of the publications of the Society. The Library is in good condition, but the permanent additions to it during the last year have been very few; but as none of the books are read, we cannot regret deeply there are no more to read. All of which is respectfully submitted.

W. E. COALE, M.D.,

Boston, May 24th, 1859.

Librarian."

The meeting of the Society, on Wednesday, was called to order by the President, Dr. HOMANS. After some preliminary business, the Committee on Scientific Communications reported that the following papers were prepared for reading: 1. On *Hæmoptysis*, by Dr. John Ware; 2. A Case of *Hermaphroditism*, and a Case of *Excision of the Knee-Joint*, by Dr. J. Mason Warren; 3. A Report on *Zymotic Diseases*, by the Middlesex East District Medical Society; 4. On the Condition of the State Registration, by Dr. Josiah Curtis; 5. On *Veratrum Viride*, by Dr. Wm. Ingalls. There was only time for the reading of the first three of these papers; which will be printed in the *Transactions of the Society*.

The Committee on the Prize Essay announced that the Prize had been unanimously awarded to Dr. D. D. SLADE, of Boston, for an essay on the subject, "To what Affections of the Lungs does *Bronchitis* give origin?"

The Annual Address was delivered at one o'clock, by Dr. TIMOTHY CHILDS, of Pittsfield. The subject was the Rise, Progress and Present Position of Medical Science, and the discourse was able, interesting and instructive.

A large number of Fellows assembled at the Dinner in Faneuil Hall, at half past two o'clock. We judge that there could not have been less than 500 present. Owing to the illness of Dr. SABIN, the Anniversary Chairman, Dr. COALE, Chairman of the Committee of Arrangements, presided, in a most able manner, and contributed greatly to the interest and hilarity of the occasion. The Divine Blessing was invoked by the Rev. Dr. Rollin H. Neale. After dinner, a number of excellent speeches were made. Dr. HOMANS, the President, responded to the first toast, "The Founders of the Society," and spoke of the origin of the Society, and the character of some of its founders. The second toast was—

Our Nestor—Filled with years and with honor, may he have a true Homer to perpetuate his virtues.

Dr. JAMES JACKSON, on rising in answer to this toast, was greeted with three cheers and continued applause, the entire company rising and standing in their places. Dr. Jackson excused himself from making a speech, on the ground of physical inability, and called upon Dr. Oliver Wendell Holmes to read a speech which he had transmitted to him. Dr. Holmes complied with the request, and read the paper, which contained a handsome tribute to Dr. J. Baxter Upham, and closed with the following toast:

Dr. J. Baxter Upham—He first invoked music to aid the other sciences in investigating the functions of the heart. May his own heart always give normal sounds to the ears of those who listen to them, and may it always continue to beat in harmony with those of the wise and good.

Dr. Upham made an acknowledgment of thanks for the unexpected compliment which had been paid to him.

Dr. Holmes here read the following verses:

THE GRAY CHIEF.

'Tis sweet to fight our battles o'er,
And crown with honest praise
The gray old chief, who strikes no more
The blow of better days.

Before the true and trusted sage
With willing hearts we bend,
When years have touched with hallowing age
Our Master, Guide and Friend.

For all his manhood's labor past,
For love and faith long tried,
His age is honored to the last,
Though strength and will have died.

But when, untamed by toil and strife,
Full in our front he stands,
The torch of light, the shield of life,
Still lifted in his hands,

No temple, though its walls resound
With bursts of ringing cheers,
Can hold the honors that surround
His manhood's twice told years!

The recital of the poem was received with great applause.

Dr. HOLMES was next called up by the following toast:

The Hersey Professor of Anatomy in Harvard University—Equally great at the dissecting table, the breakfast table and the dinner table.

Rev. Dr. NEALE made a most entertaining speech, in reply to a toast "The Clergy," and Mr. CHARLES W. STOREY responded, by a witty and graceful reply, to the toast of "The Bar."

The following toast was responded to by Dr. Channing, in his usual felicitous vein:

Our friend, Dr. Walter Channing—Though somewhat "fallen into the sere and yellow leaf," we are glad to find that he has not yet taken his place in the genus *Gualtheria procumbens*.

Other speeches were made by Dr. MAURAN, of Providence, Dr. H. H. CHILDS, of Pittsfield, and others, and the company then separated.

The utmost good feeling prevailed throughout the occasion, and the Fellows will long look back upon this anniversary as one of the most agreeable in the annals of the Society.

Vaccination Fifty Years Ago.—The following advertisement from the Concord (N. H.) Gazette, of Sept. 10, 1814, which was sent us by a friend, may prove of interest, as showing the efforts made, fifty years ago, by the government, for spreading vaccination among the people. We do not know whether the law permitting vaccine virus to be carried free in the mails has ever been repealed.

"VACCINE MATTER.—The Subscriber, having been appointed by the President of the United States, Agent for Vaccination, hereby gives notice, that Genuine Vaccine Matter will be furnished to any physician, or other citizen of the United

States, who may apply to him for it. The application must be made by post, and the requisite fee (five dollars), in current bank paper of any of the Middle States, forwarded with it. When required, such directions, &c., how to use it, will be furnished with the matter, as will enable any discreet person who can read and write to secure his own family from the smallpox, with the greatest certainty, and without any trouble or danger.

"All letters on this subject to and from the undersigned, and not exceeding half an ounce in weight, are carried by the United States Mail free of postage, in conformity to a late act of Congress, entitled 'An Act to encourage Vaccination.'

JAMES SMITH,

U. States Agent for Vaccination, Baltimore.

"N. B.—Editors of Newspapers within the United States are requested to insert the above once a week for three weeks, and forward a paper containing it to the Agent for Vaccination, who will remit payment for the same by post.
Sept. 6, 1814."

Obituary.—We are pained to record the death of Dr. JOHN HENRY DRINKER, formerly of New Bedford, who graduated at the Medical School of Harvard University in 1844. He was known to a large circle of friends both in his native city, in Boston, and in Philadelphia (where he resided during the past few years), and his loss will be deeply regretted by all who knew him. His talents, his genial character and his entertaining qualities made him a general favorite, while his affectionate disposition and ready sympathy endeared him to his family and to his intimate friends. He died at Magnolia, in East Florida, after suffering many years from a painful illness, which he bore with Christian resignation.

The Naval Medical Board of Examiners, recently in session at Philadelphia, has recommended for admission the following candidates for the position of assistant surgeons in the Navy, viz.: No. 1. William Bradley, of Pennsylvania. No. 2. Edward F. Corson, of Pennsylvania. No. 3. David Kindleberger, of Ohio. No. 4. Joseph D. Grafton, of Arkansas. No. 5. Robert L. Weber, of Pennsylvania. No. 6. Robert J. Freeman, of Virginia. No. 7. William E. Taylor, of Virginia. No. 8. Bennett W. Green, of Virginia. No. 9. James McMaster, of Pennsylvania. No. 10. James W. Herty, of Georgia. The first five named will be commissioned at once; the remainder as vacancies may occur in the medical corps. The following assistant surgeons were examined by the Board, and passed a satisfactory examination, for promotion, viz.: Thomas J. Turner, Wm. G. Hay, R. P. Daniel and Wm. T. Hord.

Resignation of Professor George B. Wood.—We are sorry to have occasion to announce that this distinguished physician has resigned the posts he has for so many years filled with such signal ability, of Professor of the Theory and Practice of Medicine in the University of Pennsylvania, and of Physician to the Pennsylvania Hospital. The former resignation takes effect at the close of the next course of lectures; the latter, immediately.

There are few men in this country, who have served their profession as faithfully, honorably, and disinterestedly as Dr. Wood has, and it is not too much to say that the news of his retirement from the active duties of the profession, will be received by his brethren with universal regret.—*Med. and Surg. Reporter.*

There is now going up in Twenty-third Street, near Sixth Avenue, New York, a splendid edifice for the "College of Veterinary Surgeons," which is to cost \$40,000.

Communications Received.—Carbonate of Ammonia in Measles.—If "Cato" wishes his communication printed, or even read, he must send us his name.

MARRIED.—At Charlestown, 24th ult., Dr. David B. Nelson, of Manchester, N. H., to Miss Susan E. Bridges, of Charlestown.

DIED.—At Magnolia, East Florida, 16th ult., Dr. John Henry Drinker, formerly of New Bedford, 38.

Deaths in Boston for the week ending Saturday noon, May 28th, 65. Males, 34—Females, 31.—Accidents, 6—asthma, 1—bronchitis, 1—inflammation of the brain, 1—congestion of the brain, 1—cancer (in the throat), 1—consumption, 13—convulsions, 1—cholera infantum, 1—croup, 3—dysentery, 2—dropsy in the head, 3—debility, 4—infantile diseases, 3—typhoid fever, 1—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 1—measles, 2—old age, 2—palsy, 2—smallpox, 2—teething, 2—unknown, 2—inflammation of the uterus, 1—whooping cough, 1.

Under 5 years, 25—between 5 and 20 years, 3—between 20 and 40 years, 11—between 40 and 60 years 11—above 60 years, 15. Born in the United States, 48—Ireland, 14—other places, 3.

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GONORRHOEA AND SYPHILIS—A REVIEW.*

[Communicated for the Boston Medical and Surgical Journal.]

PERHAPS no diseases have enlisted more attention, first and last, than those which are considered in the treatise which we have under review at the present time. And surely none deserve more faithful investigation. An honest, persevering study of them, alike rewards the medical practitioner and helps to rescue thousands from the most appalling sufferings, and from death itself, in no inconsiderable number of instances.

We have many truly invaluable works upon Venereal Diseases, and upon some of them the classic stamp has long been impressed. Who does not turn with veneration to the pages of Hunter, and who has not learned of Carmichael? In more modern days, who of our profession has not been at once pleased and instructed by the lively and graphic teachings of the American-born Ricord, who has for so long a time ruled the domain of discovery in venereal pathology, and merited the title of the Prince of Syphilographers? And if we lend a willing ear to the voice of Vidal, or to the truthful descriptions of Erasmus Wilson, we can never ignore the elevated claims of the celebrated physician of L'Hôpital du Midi and of Lourcine. He has won a fame of which nothing can deprive him—and rendered inestimable services to suffering humanity.

The inquiring medical mind, pursuing the path of legitimate and careful progress in which it should ever be found, has, within the last few years, been occupied in the closest scrutiny of the phenomena of venereal affections, endeavoring to sift the wheat from the chaff, and to increase the amount of the former. There is, at the same time, much that is both profitable and disadvantageous in the process. Many knotty points have involved authors in nearly

* A Treatise on Gonorrhœa and Syphilis. By SILAS DURKEE, M.D., Fellow of the Massachusetts Medical Society; Member of the Boston Society for Medical Improvement, and of the Boston Society of Natural History; Fellow of the American Academy of Arts and Sciences; Honorary Member of the Medical Society of the State of New York. With Eight Colored Plates. Boston: John P. Jewett and Company. Cleveland, Ohio: Henry P. B. Jewett. 1859. Pp. 431.

interminable discussions; and, moreover, in the heat of debate and zeal for improvement in medication, hasty conclusions have sometimes been drawn, and modes of treatment or individual remedies have been neglected or entirely forsaken, on insufficient grounds. A reaction is nearly sure to follow in the train of such procedures; and while we would speak with the deference which is due to the brilliant writers and laborious workers who have of late done so much to elucidate the subjects we are considering, we venture to predict a return to many customs and measures which have been prematurely condemned because the air of antiquity pervaded them. Not to specify any others at this particular juncture, we may refer to the great revulsion of feeling, so observable all over the medical world, in reference to the use of mercurials in syphilitic disease. Reasonable and happy in the main, no careful observer can fail to see that practitioners have, in countless instances, gone to a dangerous extreme, and exhibited a tendency—we had almost said a determination—to ostracise a most valuable remedy. Of this, surely, there was no need.

The literature of syphilis is at the present moment in a state of upheaval—or rather it is being tried in a furnace, and is seething violently on every side. Something good must come out of the process—we shall have the pure ore at last. Such being the condition of things, we cannot doubt that many, like ourselves, have felt the want of a reliable, not over bulky work, which, for the most part, eliminating theories and eschewing mysticisms, should present a practical digest of what is absolutely true and necessary in the every-day experience of the busy practitioner. And in such a work we desire the author to take sides firmly, and to give his reasons simply, for so doing; leaving us to judge for ourselves of the value of his evidence and the strength of his conclusions. But chiefly do we look for such fresh and trustworthy information and such a well-ordered presentation of long-received and universally acknowledged facts, as shall constitute a veritable *Hand-Book* upon the topics in question; and which we may keep lying upon our office-tables, ready at hand in emergency. The need of such a work we suppose it will not require an argument to prove; nor should its existence prevent those who are able, from placing upon their study-shelves the noble productions of the masters to whom we have already referred. We are glad to see, for instance, the joint forces of Hunter and Ricord marshalled so ably into marching order by so industrious and competent a man as Dr. Bumstead; and none can be unwilling to have the treatises of Vidal, Wilson and others placed at their disposal, at a reasonable rate, by the presses of our own country—always premising that the process of reproduction is *legitimately effected*.

But, leaving general considerations, we are about to restrict ourselves, for the remainder of this article, to a critical examina-

tion of the work whose title we have given as the foundation of our remarks—and which is, we believe, the first original treatise upon the subject written and published in the United States. And let us say in starting, that it may, we think, be truthfully asserted that the volume covers just that ground and fulfils exactly those indications which we have specified as peculiarly belonging to the Hand-Book.

The style in which such a work should be written is of no little importance. Mere scientific detail will pall the most eager appetite for knowledge in the student, and even in the inquiring practitioner. Many a fact is riveted in the memory by an anecdote or an illustrative case; and there is no necessity for the author to run into the Scylla of profuse babbling on the one hand, nor into the Charybdis of crabbed and crusty diction on the other. We think Dr. Durkee has hit upon the "happy medium." We say, hit upon it, because there is evidently no effort in the case—he has written as he would talk—or rather, perhaps, familiarly lecture, to a class of students. And again, in many parts we have a peculiarly graphic style of description, and a forcible, plain method of stating facts, which carries conviction with it at once. In short, the work is easy to read, and we feel that we are instructed at the same time we are gratified. We are willing to rest the matter of style here; confidently anticipating a verdict from all who peruse the work, in full accordance with our own: viz., that it is, in this respect, eminently satisfactory.

Purchasers of a new medical book are very properly anxious to know what opportunities its author has had for personal observation in the maladies of which it treats. We need not refer, in this connection, very minutely, to the qualifications of our author. He has long been well known to the profession as an industrious and able investigator in medical and cognate sciences; his practical experience covers a period of many years closely occupied in his profession; and a large share of his attention has been engaged in the study and treatment of the class of diseases of which he has now written, as well as of those cutaneous affections whose origin is not specific. With these remarks, we proceed to the consideration of such topics in the volume before us, as our very limited space will allow—we must leave to the larger medical periodicals that more minute examination which the book not only claims, but will well endure.

The treatise is divided into thirty-nine Chapters. Of these, fifteen are devoted to the subject of *Blennorrhagia* and closely allied affections.

In Chapter I., we have presented, the general subject of *Gonorrhœa*, its diagnosis, relations to the leucorrhœal discharge, its termination in gleet—questions relative to gleet and matrimony.

The author begins by mentioning the ancient belief in the identity of *gonorrhœa* and *syphilis*, and signalizes the modern tenets as

"the dawn of a new and better epoch." We are ready to join him, also, in his felicitations upon the reform and better knowledge which have pervaded the therapeutics of venereal affections. It is but too true that remedies, alike the potent and the nearly or wholly inert, "were once used without method, without reason, and without mercy." But it is no vain boasting to say of the present generation of practitioners, "*nous avons changé tout cela.*"

Having referred to the non-identity of gonorrhœa and syphilis, and given his assent to the present terminology of the former—although he avows that "no generic term, which has reference to the complaint, is free from objections"—the Causes of simple blennorrhagia are next considered. It is unnecessary to follow the author very closely through this portion of his work, which, however, we should say, is very carefully and judiciously wrought out, and presents every desirable feature both of doctrine and remedial measures. The whole will form a digest which is sure to be of great service to the active practitioner, who likes to have such a manual of reference to take up at any moment, rather than to search through more voluminous records for his casual purposes, or to dip into two or three treatises upon surgery in quest of a point of diagnosis or treatment.

Amongst other things of interest which we have remarked in reading this portion of the work, is the question whether the leucorrhœal and menstrual discharges are capable of inducing a true gonorrhœa. Valuable evidence is adduced on both sides in regard to this query, and we refer the reader to the few pages devoted to this subject, as well worthy of careful attention. On certain occasions, no little importance attaches to the decision of the medical adviser upon the cases of this nature submitted to his arbitration. The reputation of individuals and the peace and integrity of whole families often rest upon his decision. Too much caution, therefore, cannot be exercised under such circumstances and with such a responsibility. Dr. Durkee points out the opportunity, which often lies in the physician's power, of clearing up suspicion and preventing needless unhappiness. He remarks:—

"As the conscientious interpreter of events, he can feel justified in expressing a conviction that blennorrhagia does not always have its origin in a specific virus, nor absolutely imply moral delinquency on the part of any one; for the accident may take place under the most varied circumstances, and from a multiplicity of causes." * * (p. 4.)

While, however, a few cases of what may be properly termed pure or innocent gonorrhœa, must be more or less constantly observed, the assertion of our author is of course eminently true, that "hundreds would be found to originate under directly opposite circumstances"; and, as he adds, the others become "insignificant" in every light, when compared with the vast majority which arise from "the one chief cause, namely, cohabitation with an individual affected with a specific and contagious blennorrhagia."

In respect to the possible production of gonorrhœa—that is to say, a mild, unspecific discharge from the urethra—through the agency of the leucorrhœal flow, the author's argument is cogent, when he refers to the fact of the great frequency of leucorrhœa amongst the purest married women, and the positive immunity of *virtuous* husbands (the italics are ours) from any trouble of the nature of urethritis, after sexual connection with their wives—the latter being an occurrence, of course, entitled to the epithet of frequent. And we here take the opportunity to say, that we are surprised at the very positive and sweeping statement of one of our author's correspondents, given on page 6, who avers that not only does he believe in the causation of a gonorrhœa by leucorrhœal matter, or by the menstrual discharge, but also would “assert that a vast majority of cases of gonorrhœa in the male arise in this manner, from intercourse with women who have not the disease themselves.” Now, whilst we are ready to admit that a urethritis may be generated by either of the causes referred to, we must protest against such a wholesale declaration as is contained in the clause we have quoted. Our author is a complete skeptic in regard to the power of either the leucorrhœal discharge or the menstrual secretion to produce a gonorrhœa. With reference to leucorrhœa, he says: “I am unable to recognize this antecedent as the procuring cause of such an event. The subject, however, is one of which no man has the key of absolute knowledge. It must, from the very nature of things, always remain a matter of opinion. My own coincides with that of Sigmund—that *gonorrhœa alone produces gonorrhœa.*”—(P. 6.) On pages 157–8, our author admits the occurrence of these instances rather more distinctly, but considers them as wholly exceptional, and dependent chiefly on idiosyncrasy in the male—or, in other words, on a peculiar aptitude inherent in *some* men—we may add, possibly only at *certain times*. Notwithstanding this weight of authority, we cannot see why either the leucorrhœal or the menstrual discharge may not cause a urethritis in individuals who are peculiarly and highly sensitive, with regard to the mucous surfaces generally, or especially in those lining the urethra and the other urinary passages and cavities. The fact is admitted that there is what is termed *pseudo-gonorrhœa*, and that it springs from various causes. If the discharges in question be endowed with peculiarly acrid or irritating qualities, there seems no reason why they may not act on the urethral surface, in virtue of such qualities—and this especially when cleanliness is neglected, and no ablution practised by the male after the venereal act. In our own experience—limited, indeed, beside that of our author—we can recal two cases of contraction of urethritis from the menstrual discharge, which, to our mind, are proved to a demonstration. The occurrence must be, however, a comparatively infrequent one; it is not, in fine, to be made so important as our author's correspondent, above cited, would have us

believe; nor is it, on the other hand, to be ignored and deemed an impossibility.

Analogous to the difficulty sometimes occasioned by the above mooted points, is that to which Dr. Durkee shortly after refers, where sores arise upon newly-married persons—particularly males—who are either very *thin-skinned*, or whose constitutions are in just that irritable and weak state when the slightest abrasion becomes magnified into an ulcer, which may be too hastily pronounced syphilitic. Such immature opinions have not infrequently cost the practitioner his patient, and what is worse, they may deprive a woman of her reputation and a family of its peace and happiness. Accuracy of observation, careful investigation of the history of such patients, and a conscientious balancing of the *pros* and *cons.* constitute the physician's duty in these difficult emergencies.

Dr. Durkee appropriately alludes (p. 12) to the suicidal practice of many patients afflicted with gonorrhœa, who seem to plume themselves upon deceiving the physician they consult, as to the origin of their disorder. No more ridiculous folly could, of course, be perpetrated; and although the patients are sure to suffer most, yet the course they pursue is alike unfair and annoying to their medical adviser. The case related by our author upon page 13 of his work, might prove a warning to any who, when in trouble of this sort, are tempted to prevaricate or misrepresent.

The symptoms and various phenomena of blennorrhagia are next clearly and appropriately detailed; and we may remark in this connection, what will be found applicable throughout the book, that the language used is generally terse, pleasantly descriptive, and quite to the point. In several instances, the author's treatment of his subject may be pronounced both eloquent and graphic.

Some excellent advice is proffered as to answering the questions which patients with gleet will propound to their physicians, as to the safety of their having sexual connection—with their wives, for example—while anything of the sort remains about them. The slightest reflection will convince any medical man that his reply should be decidedly against such connection taking place—and such is our author's positive opinion. The question whether matrimony should be sanctioned under such circumstances, is analogous, and of course of exceeding importance. Now, although sexual congress has been indulged in, with impunity to the female, when the male has had blennorrhœa, or gleet, upon him, no honest practitioner would think of countenancing matrimony under such conditions. In the words of our author, "it is enough for the medical man to know that under certain circumstances and conditions, gleet is communicable. Cases are recorded of contagion thus communicated, and giving rise to most disastrous domestic unhappiness. M. Vidal relates two such. The disease was considered of no importance, and marriage was permitted. Separation

tion of the parties was the result in both instances.”—(P. 18.) The same subject is alluded to farther on, when treating of Gleet more especially.—(P. 49.)

We cannot refer very particularly to the contents of Chapter II. In general terms, it may be stated that its subject—the treatment of Blennorrhagia in the Male—is judiciously and thoroughly handled. Every needful direction is given, and various formulæ—some original and others selected—are interspersed through the text. With regard to the “abortive treatment” of gonorrhœa, we coincide with Dr. Durkee in the opinion that, unless patients can be very closely watched after it, the dangers outweigh the advantages. The truth of the following paragraph will, we think, be admitted by all who have had much experience with this method:—“If the surgeon can have entire control over the patient, and be certain that his directions will be carried out to the letter—as for instance, where the case is admitted within the walls of a well-regulated hospital at a seasonable time—then the abortive treatment may be entitled to all the confidence, praise, and success, which its advocates claim for it; but for ordinary private practice, too many objections lie in the way of its adoption.”—(P. 24.) The author, however, on page 41, very properly refers to certain cases and circumstances in which injections in gonorrhœa are not only admissible but highly advantageous; and mentions different substances which are often thus used.

Several instructive cases from the author’s own practice are given in this chapter; and they aptly illustrate the various points which he brings forward for consideration.

We commend to especial notice the remarks upon Relapses in Gonorrhœa, and those upon Urethral Hæmorrhage in the course of the same disorder. The latter subject is forcibly illustrated by a very piquant narration of sanguineous accidents, which will speak for itself.

The subject of Gleet occupies about a dozen pages. We do not observe anything which calls for especial notice; although, had we more space at command, we should be glad to advert to certain points which we must now leave untouched.

We observe that blisters are highly recommended—indeed they are placed above all other local remedies. Dr. Durkee has often cured a gleet with one application of cantharidal collodion. This is high praise; but we can trust our author’s word in the premises. We have generally found certain of the many *injections* recommended, to be of service—but not so immediately as the blistering seems to have been in Dr. D.’s hands. Of the latter method we have no experience worth citing; with regard to injections, we can endorse the opinion we find recorded upon page 53, viz., “some of them prove important allies to other remedial agencies; some are nearly inert; and some, absolutely mischiev-

ous." The use of the Bougie, and of Constitutional Treatment, in Gleet, receive their due share of attention from our author.

Chapter IV. is occupied with the consideration of Balanitis. The subject seems to be judiciously treated; and the hints as to prevention of this troublesome affection, deserve as much attention from the *genus homo*, as do the subsequent directions for treatment. The inculcation of a due cleanliness, enforced as it is by the palpable facts set forth in the reported instances of balanitis arising from violation of that virtue, must meet with the commendation of all medical men, and deserve the gratitude of mankind generally.

When the length of the prepuce is the main cause which both engenders and perpetuates the sebaceous collection so liable to irritate the parts, the various methods of relieving this condition have long engaged the attention of medical and surgical practitioners. With our author, we believe that circumcision is, in these cases, at once the most thorough and satisfactory operation. The ease with which it can now be done, by the aid of anæsthesia, is adverted to by Dr. Durkee, and certainly goes to support the position assumed in regard to the desirability of the operation. Mr. Milton's plan is referred to as being simple and as good as any:—"His mode of procedure is to slit up the skin and mucous membrane as far as the reflection of the latter, and then cut away the frænum as far as practicable. The constricted part, which is near the edge, is removed in a circle, and the bleeding being stopped, the skin and mucous membrane are brought together by stitches, and covered with collodion."—(P. 66.) We do not know that we should be tempted to depart from the ordinary operation for circumcision, unless some peculiarity in the form of the prepuce necessitated a deviation. A recent case in our hands has resulted very satisfactorily, and we have had every reason to felicitate ourselves upon the removal of the entire prepuce. Having had, also, opportunities of observing the operation skilfully performed, in this city, after the Jewish method, we have almost been tempted to give in our adhesion to the Rabbi—at least surgically. The procedure is doubtless the best in the instances to which our author refers, and must always be in favor with surgeons.

Paraphymosis is particularly mentioned by Dr. Durkee in this connection, and judicious directions are given for its relief. We have never been foiled in attaining this end by means of the taxis—using the fingers merely, in the process. We think our author very justly reprobates the plan advised by M. Seutin, of using compressing forceps to effect the reduction of the glans. The method by the surrounding bandage is more appropriate. If a patient be seen in season, the knife will be rarely demanded.

Orchitis is examined, at some length, in Chapter V.; the causes, symptoms and treatment being taken up in due order. In treating

this affection, it may be said, as of the latter accident considered, that seeing it *in season* is of great advantage. Cases which fall early under the surgeon's care, for the most part do well and recover rapidly. In laboring men, there is the difficulty to contend with, that they cannot easily lie by and rest. Yet even in them, we have seen aggravated swelled testicle subside mainly under the influence of suspension and cooling purgatives. Strapping the testis, now so much less frequently practised than formerly—at all events in this vicinity—is not looked upon with much favor, according to our author, abroad. Ricord has, for the most part, renounced it; and Mr. Johnson, of London, severely condemns it. There are, of course, cases in which it may be properly and advantageously resorted to.

Chapter VI. is devoted to Herpes Præputialis. The diagnosis of this affection should be accurately and cautiously made; for “an error or confusion here, will lead to improper treatment, to say nothing of the moral bearings immediately connected with the subject.”—(P. 83.) It has been our lot to see much misery, not to mention great and useless expense, entailed upon individuals—affected only with this simple eruption—through the machinations of quacks, who had persuaded their victims that they had virulent syphilis. Such is doubtless the experience of most practitioners. Dr. Durkee gives us certain cases pertinent to this latter point.

Eczema Præputialis is appropriately examined in the succeeding Chapter.

Chapter VIII. may be referred to as containing many excellent remarks upon an always important, interesting and not infrequently improperly treated affection, viz., Irritability of the Bladder. The directions for managing this state are good. We need not specify the treatment.

Chapters IX. and X. contain, respectively, all that our author has seen fit to offer upon Excoriations and Urethral Pains—both affections which often claim the surgeon's attention. The frequently purely nervous origin of the latter complaint is alluded to by Dr. Durkee.

Spermatorrhœa is the subject of Chapter XI.; and upon it the author has evidently bestowed no little attention. That cases of this nature should not be abandoned to charlatans, has long been the verdict of honest men, both in the profession and out of it. This point will be found to be very properly made prominent in the work before us, and no one can doubt its high importance. We have ever found that the *moral treatment* of these cases was more essential to success than the simple hygienic or merely remedial measures addressed to the bodily system only. Dr. Durkee gives us some illustrative cases of value; and the evil influence of masturbation is pointedly referred to. In reference to the latter—both as regards its agency in producing spermatorrhœa and also as respects the treatment advised—we refer the reader, with confi-

dence, to Dr. Durkee's book. The effect of excited imagination is well portrayed; and an illustration of its potency is given on pages 116 and 117. We cordially echo the author's judicious recommendations relative to treatment—and particularly that directed to the mental phase of the affection. All of these are advantageous—the majority are essential—to our own personal knowledge.

In succeeding chapters, we have succinct, yet sufficiently detailed observations upon gonorrhœal ophthalmia, ophthalmia neonatorum, and gonorrhœal rheumatism—all deeply interesting and important topics. The question of the causation of ophthalmia by communication of the gonorrhœal matter to the conjunctiva from the patient's fingers, &c., seems clearly established by our author. The remarks and cases of Dr. Williams, of this city, are exceedingly pertinent, lucid and valuable in this connection. The weight of evidence has long been in favor of communication of the disease by contact.

We must refrain from particularizing farther upon the subjects we have just mentioned, and proceed to such as more peremptorily demand our notice, passing by others with merely an allusion here and there, as our space permits.

Vegetations and their treatment form the subject of Chapter XV.; Blennorrhagia in the Female, that of Chap. XVI. The important medico-legal point which has not infrequently been brought to the notice of the profession, and, unfortunately to that of the public, at times—whether the vaginal blennorrhagia sometimes observed in young children is due to criminal attempts on the part of an infected male, is appropriately alluded to by Dr. Durkee in the latter chapter. The attention of the physician or surgeon is never more conscientiously demanded than in these instances. Innocent persons may suffer, or the guilty go unpunished, according to the carefulness or looseness of medical examination and diagnosis.

The subjects of Chronic Vaginitis and of Blennorrhagia of the Uterus are likewise discussed in the sixteenth chapter.

Our author rates the difficulty of managing gonorrhœa in the female nearly as high as that experienced in male patients. Most observers deem it much less troublesome to treat—and such has been our own experience. Certainly the *sequelæ* for which we may look in the male, far surpass in severity and seriousness anything connected with the disease in the female. Were nothing else but stricture to be apprehended—and how large is the proportion in which that lesion follows, sooner or later—we consider our position made good. The female has the easiest time of it, and escapes the best. Dr. Durkee's remarks relative to that delay in using local means in the blennorrhagia of females, which is occasioned by the presence of the menstrual flow during the affection, although familiar to surgeons, have not, perhaps, been sufficiently regarded. Both the increased turgescence of the parts and the

impossibility of applying remedial agents, tend to prolong and to aggravate the discharge.

[To be concluded.]

COPY OF THE WILL EXECUTED BY M. GROUX WHILE IN THE U. S.

[In our issue of May 26th, we expressed the hope that this document would be published, in order that the profession and those of the public who have been interested in the remarkable anomaly presented in the person of M. Groux, might be made fully aware of the disinterested and generous tenor of that gentleman's feelings and the genuine zeal he has always manifested in the cause of medical science. Through the politeness of Dr. Upham, we are enabled to present it to our readers.

The will was drawn up by that eminent jurist, the Hon. Rufus CHOATE, who is at present, we regret to learn, in feeble health, and for whose recovery we may be allowed to express our hearty wishes. Mr. Choate, we understand, was himself much interested in M. Groux personally, and in the remarkable peculiarity of which he is the subject; and his best attention was given to the preparation of the will. We need say nothing more than we have already expressed in relation to the nature of the latter, as its perusal will at once convey the full idea of the spirit which dictated it. And although its provisions are now void, by reason of the safe completion of M. Groux's journey and labors in this country, and his departure for his native land, yet we may none the less admire the generous forethought and calm particularity of expression which characterized the whole procedure, and which we ought to receive as a marked compliment paid to the American medical profession in general, and, by reason of certain of the conditions, to this city, through one of its medical organizations, in particular.—Ebs.]

I, EUGENE A. GROUX, Gentleman, make and publish this my last Will and Testament, intending the same to be supplementary to my former Will now in the hands of my father, Peter B. Groux, of Hamburg, in Germany, and not to revoke the same fully and absolutely, but to provide for certain objects and contingencies not therein provided for.

1st. As the object of this Will is the promotion of physiological and medical science, and thereby of the good of man, I appoint the following gentlemen to be the Executors thereof:—Dr. Edmund R. Peaslee, of New York; Dr. J. B. Upham, of Boston; Dr. Joseph Leidy, of Philadelphia; Dr. Buckley, of Baltimore; Dr. Lindsey, of Washington; Prof. Daniel Groux, of Culpepper Court House, Va.; Dr. Welford, of Richmond; Dr. Gaillard, of Charleston, S. C.; Dr. Arnold, of Savannah; Dr. Linsley, of Nashville, Tenn.; Doctor Bell, of Louisville; Dr. Fenner, of New Orleans; Dr. Pope, of St. Louis; Dr. Richards, of Cincinnati; Dr. Brainard, of Chicago; Dr. Kirtland, of Cleveland, Ohio; Dr. Flint, of Buffalo, and Dr. March, of Albany.

2dly. I give and bequeath my books of autograph signatures
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and opinions in the following manner, which I direct and request my Executors to carry into effect. I authorize and direct the three first-named Executors to appraise the said books at a pecuniary value, below which, they are not to be offered for sale. I then direct the Executors to offer the same for sale to the Society of Physicians in Hamburg (it being the principal Medical Society in my native city of Hamburg), in Germany, for one half of the sum at which the same are so as aforesaid appraised; and the Society accepting and paying the same, I give and bequeath the said books to them; and if the said Society shall not accept the same within ninety days from the time of the offer thereof, I then direct the Executors to offer the same on the same terms to the Town Library of said Hamburg, upon the trust and condition that they be open forever to the inspection of the curious; and if the said Town Library shall so accept the books, I give and bequeath the same to them.

If neither of the said so conditioned legatees shall so accept the same, I direct the executors to offer the same to the Boston Society for Medical Improvement, in Boston, in Massachusetts, at the sum of two thirds of the value at which they shall be appraised as aforesaid, and if accepted, I give and bequeath them to that Society; and if not accepted by said Society, I direct them to be offered to the Public Library of the city of Boston, on the same terms in both cases, and on the trust and condition that they at all times be open to the inspection of the curious.

If either the said Boston Society for Medical Improvement or the Public Library of the city of Boston shall accept the same on the terms aforesaid, then I hereby give to said Executors one third of the sum which they shall receive for the books, on the trust to invest the same in some suitable manner, as and for a permanent fund, the interest and income of which shall be awarded and paid annually, by a scientific committee to be designated by the said Society or the said Public Library, whichever shall take the said books as aforesaid, for the best essay to be offered by any Student connected with the Medical School of Harvard University, or by any medical Student who may be a native of Hamburg, wherever he may be, upon the respiratory and circulatory organs of the human body; and subject hereto, the balance of the sum received for said books is to be paid to my father, Peter B. Groux, of said Hamburg, for the uses of my last will, now in his hands.

I intend and direct that all instruments and inventions relating to the peculiarities of my case, of which I shall be in possession at the time of my death, shall be included with, and receive the same disposition with the said books.

And since the peculiarities of my case are marked and rare, I desire and direct that if I die on the American Continent, my body shall be dissected in the most scientific, thorough and skilful manner, with a view to the complete ascertainment, disclosure and pub-

lication thereof, and that this be so done that the exact condition of the parts of my body, as it existed in life, so far as this is possible, be discovered and recorded, and be preserved for scientific inspection and information. And I direct and desire that in addition to this dissection and record and publication, so much of such parts of my body as are necessary for the purpose of demonstrating the nature of my case and of preserving and giving evidence thereof forever, shall be deposited in the museum of the Boston Society for Medical Improvement for the period of one year from said time of deposit, and until such further time as there shall be founded in Hamburg a museum of Pathological Human Anatomy, wherein, in that event, said parts are thenceforward to be deposited.

In regard to the manner of such dissection, the preservation of the parts after death, in the same state as they were in life, and what parts may be needful and proper for deposit aforesaid, I refer it to the skill and science of those by whom it shall be done.

And with regard to the residue of my body, I direct that the same be decently interred in such manner that the same may be removed to Hamburg if my friends desire.

And in order to secure the accomplishment of the foregoing direction and requests, I desire and direct that if it should be the appointment of Providence that I die on the American Continent, notice thereof be immediately given by telegraph to the three first named of my Executors aforesaid, and care be taken of my body until they, or some one or two of them, arrive, and they shall conduct the dissection, and determine on what shall be deposited as aforesaid; or unless each thereof shall give notice by telegraph that he cannot attend, when a similar notice by telegraph shall be sent to the three nearest Executors, who shall conduct the dissection, and determine on the parts to be deposited as aforesaid, and so, if necessary, of each succeeding three of my before-named Executors; and if all the said Executors reply in the negative, then some competent medical men in the vicinity may so conduct the dissection and so determine the parts to be deposited. In each of the cases aforesaid, I direct that a suitable number of credible witnesses be present at the dissection.

If the autopsy shall, if published, be of sufficient interest to raise a fund by a sale thereof, after defraying expenses, then such fund I direct and appropriate to have placed at the disposal of the three first named of my Executors aforesaid, to be appropriated and applied by them for such medical or scientific purposes and objects as they may think proper. I further direct that the entire expenses of burial, of the preparation of the morbid specimens selected as aforesaid for deposit, of the notifications aforesaid to Executors and others, of travelling expenses of those who actually conduct the autopsy—shall be paid from funds in my possession or in my father's possession, belonging to me at my death.

I give and bequeath my body to the Executors aforesaid, to accomplish the objects of this Will; and I do so in the hope of making some contribution to science, truth, and the best interests of man, and because I have ever regarded that the great peculiarities of the case constitute me, in some sort, a trustee for these great and sacred objects.

In witness whereof, I have hereto set my hand and seal this tenth day of January, in the year of our Lord eighteen hundred and fifty-nine.

E. A. GROUX, *of Hamburg.*

Signed, sealed, published and declared by the said Groux as his last Will and Testament, in the presence of us, who, at his request, and in his presence and the presence of each other, have hereto set our hands as witnesses thereto.

RUFUS CHOATE,
THORNTON K. LOTHROP,
RUFUS CHOATE, Jr.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 28th.—*Fracture of the Base of the Skull.* Specimen shown by Dr. CABOT.

The patient, I. F., aged 25, was brought into the Hospital, January 12, having been struck fifteen minutes before by a locomotive and thrown fifteen feet, striking on the head. There was copious effusion of serum from the left ear. No bleeding took place from the nose or mouth. The patient was insensible. There was a large scalp wound over the left ear, but no depression or fracture under the wound. The pulse was small and quick. Stimulants, with ice to the head, and croton oil, were ordered.

On the following day, the patient had partially regained his consciousness. The pulse was fuller, but frequent (140). The left pupil was much dilated, with more effusion from the left ear. At night he became delirious, afterward comatose, and died at 7½ o'clock on the morning of the 14th.

On examination, a fracture was found, extending quite across the base of the skull.

An interesting point in the case, Dr. C. remarked, was the absence of effusion of the cerebro-spinal fluid from the right ear, it having been maintained, by many surgeons, that fracture of the base of the skull never occurs without the occurrence of this effusion from the ear of the affected side.

FEB. 28th.—*Phlebitis.* Case reported by Dr. CABOT.

The patient, S. S., a widow, was a domestic, aged 41, and a native of Maine. She entered the Hospital December 14, 1858, not having been previously in the enjoyment of good health. For five years she had had varicose veins; also some uterine trouble. Below the right knee, the veins were very large and tortuous. There was also a small ulcer above the inner ankle, of three weeks' standing. An issue

was made over the principal vein, a bandage applied, and black wash and a poultice ordered.

January 5th.—The slough came away ; the ulcer not much better.

25th.—Another issue was opened.

28th.—The patient, contrary to orders, went to the water-closet, in the absence of the nurse, and, while there, hæmorrhage occurred from the first issue. Compression was applied.

On the 2d of February, on again going to the closet, bleeding recurred, by which she lost nearly a pint of blood, and became quite faint. On the following morning, there were chills and a severe headache ; the pulse small and quick. Quinia and brandy were ordered.

Feb. 5th.—The same symptoms continued, with pain in the leg.

7th.—There was redness of the veins, well marked, together with severe pain. The constitutional symptoms were more decided. The dose of quinia was ordered to be increased. From this time the patient continued steadily to fail, and died on the 12th of February.

Sectio Cadaveris, by Dr. JACKSON. The superficial veins of the affected limb throughout were very much thickened and tortuous. Below the knee, but not above, they contained a thin puriform fluid, but there was no trace of the coagulated blood or fibrin, usually found in phlebitis.

In the base of two of the sloughs formed by the moxas, were seen the remains of the vein, which was obliterated, except at one point.

The deep-seated veins were healthy, being neither thickened nor dilated ; there was some serous infiltration of the limb.

MARCH 28th.—*Calculi from the Horse*.—Dr. BACON reported the chemical analysis of two large calculi from the horse. They consisted chiefly of triple phosphate, with some organic matter. A number of small, angular grains of white and yellow quartzose sand were left undissolved after treating portions from interior layers of each with acids. The presence of grains of sand shows that the calculi are intestinal, and not from the urinary bladder. These calculi have some resemblance, in appearance, to the intestinal calculi, or bezoars, of di-phosphate of lime, but they contain no salt of lime.

Dr. JACKSON said that these calculi had been in the Cabinet (No. 636) since the early days of the Society. They were purchased, and the only statement that accompanied them was that they came from the bladder of the animal. Dr. J. had long suspected, from the structure of one of them which had been sawed open, that they were from the intestine, and had therefore requested Dr. Bacon to examine them. One, which is entire, is about as large as the fist, and has as symmetrically prismatic a form as any biliary calculus, the three faces being slightly concave, and the ends and edges smoothly rounded. The other must have been larger, and was, perhaps, more cuboidal in form ; one slightly concave face being preserved. The cut surface of this last is finely crystalline, being both laminated, and radiating from the centre to the circumference ; the color is a pale brownish, and there is no foreign body visible to the naked eye ; in structure, though not at all in color, it resembles one in the Hunterian Museum (Catalogue of Calculi, No. 55, page 247) from the intestines of a horse.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 9, 1859.

WHO WAS THE FIRST OVARIOTOMIST?

IN our issue of the 19th ult., we published the reply of Dr. HENRY MILLER, of Louisville, Ky., to an editorial article which appeared in our pages May 5th, entitled "Ovariectomy—Its Statistics and Rate of Mortality." We now tender our thanks to Dr. Miller for the courteous and kindly manner in which his letter is couched—and we would that all our correspondence were conceived in so gentlemanlike a spirit and communicated in equally scholarly terms and style. Such is not always the good fortune of any editors—we cannot expect to prove an exception.

The sole question remaining to be decided, so far as any discussion is now pending between Dr. Miller and ourselves, relates, as that gentleman very properly says, to the priority in performing the operation of Ovariectomy. Dr. Miller claims the priority for Dr. EPHRAIM McDOWELL, of Kentucky—we can hardly see any reason for denying it to L'AUMONIER, who has hitherto been accredited with the distinction.

It is not merely upon the fact of the French surgeon's having enjoyed the reputation of being the first ovariectomist, however, that his claim can justly be founded. Many a man has occupied a similar position in respect to some reputed discovery or contrivance, who yet has been afterward proved not to have been the *originator* of the scheme. We think that Dr. Miller is right in bringing the question, as he does, to the test, by appealing to the essence of the operation—that is, *what constitutes Ovariectomy?* This is his position, if we rightly understand him. Now, Dr. Miller does not allow that the ablation of a diseased ovarian cyst is ovariectomy, unless the surgeon begins his operation *with the full knowledge of its existence within the abdomen, and with the intention of removing it.* We submit that this amount of knowledge cannot always be predicated of the most experienced operator, nor can such an intention always be carried out. The definition is an accurate one—so far as it goes—but it does not, in our view, cover the ground sufficiently. Is Dr. Miller prepared to say that, the abdomen being opened for another purpose, for which the surgeon thinks he has sufficient reason, and a diseased ovarian sac being found and removed, *ovariectomy has not been performed?* What shall we then term the ablation of the ovarian sac? Does it constitute a part of "opening an abscess in the ovary," a lesion which existed in L'Aumonier's case? Suppose that the French surgeon began his operation, as he doubtless did, for the purpose of "giving vent to the pent up matter," and granting that the removal of the diseased ovary was "incidental to the [intended] operation," is it not splitting hairs to say that ovariectomy was not done? Taking Dr. Lyman's version to be correct, we learn therefrom, that the adhesions between the Fallopian tube and the ovary were torn away, "and the latter removed." An incision four inches long was made into the abdomen, the abscess, previously diagnosed, was tapped, and the diseased sac removed. Which is the more grave proceeding, and that which lends the greatest

weight to the whole procedure—tapping the abscess, or tearing away the adhesions between the tube and the ovary, and taking away the latter? If, as it seems to us, the last step be pronounced the most serious, then it is that *which gives character to the operation*, and the latter is far more properly defined by the term which truly describes that character, viz., *ovariotomy*. It is refining the matter too much to deny this appellation to the procedure, when the ablation of the ovarian sac is the very step which is the most essential element in the case. Had the ovary been the seat of an abscess only, L'Aumonier would not have felt himself called upon to perform the more serious operation for removing it—he would simply have tapped it. That he did more, shows that the higher operation was necessary; and, we repeat, that with whatever opinion or intention an operation is begun, if, when the parts are exposed, different indications are presented, they must be met, *and the operation properly takes its name from the feature which mainly characterizes it*.

We are entirely willing to concede to Dr. McDowell, of Kentucky, all the credit—and it is both unusual and large in amount—which legitimately redounds to him, in conceiving and carrying out, so successfully, his operation for ovariectomy, in 1809.

Not further to enlarge upon the point at issue, we have merely one word to say touching another matter connected with this important and interesting subject. Dr. Miller refers to the mortality-rate, given by Dr. Washington L. Atlee as $26\frac{1}{2}$ per cent; but correctly estimated, as we conceive, by Dr. Lyman, at 40.13 per cent.; and he remarks that even at the more unfavorable estimate, surgeons ought not to be deterred from undertaking the operation. If Dr. Miller will look back, and read our remarks, offered upon this point in our first article (May 5th, 1859), he will find that we then enunciated precisely the same opinion. Thus, we said: "It is most conclusively shown that the rate [of mortality] is 40.13 per cent., a rate, which, while it abundantly sanctions the performance of the operation, is evidently far less favorable to it than the estimate of Atlee, and, following him, of Miller." And again, we state (*loc. cit.*), "We believe that where the existence of the patient is distinctly compromised by the presence of an ovarian tumor, the operation ought to be done. Quite as much is it demanded, under these circumstances—*although not so immediately*—as is tracheotomy in croup, when the patient's life is evidently at stake."

We have no wish to enter into controversy upon this question—the settlement of which, nevertheless, is very desirable. Those who are more competent than ourselves, may possibly decide it in a manner opposed to our own opinion. We have no party, or interested feeling in the matter—simply wishing justice to be done—and, renewing our acknowledgments to Dr. Miller for his courteous and able communication, we rest the question here for the present.

WE insert with pleasure the following note just received from Prof. Hamilton.

MESSRS. EDITORS,—Will you allow me to make use of your Journal to correct a few of the printer's mistakes which are contained in my paper on "Prognosis in cases of Fracture of the neck of the Femur within the Capsule," &c., published in the "Transactions of the New York State Medical Society," for the year 1859, and just issued from

the press? You are aware, perhaps, that these volumes are published by the State, and that in the hurry of business necessarily incident to a State-printer's office, no time is allowed for those residing out of the city of Albany to correct their proofs. The publishing Committee do all which it is perhaps possible for them to do, to avoid errors, but under the circumstances they seem to be inevitable.

I wish only to correct some of the most important errors, and especially such as relate to the names of surgeons to whom reference is made in the paper.

For "Malgaigne," wherever it occurs, read *Malgaigne*; for "Severn," read *Swan* ("Severn's case," pp. 34, 35); for "Haywood," read *Hayward*; for "I. C. Dalton," read *J. C. Dalton*; in a note at the bottom of p. 36, for "cervix femur," read *cervix femoris*; for "unfrequency," p. 48, read *infrequency*; for "looseness," near bottom of p. 56, read *soreness*; for "opposition," p. 57, read *apposition*.

Yours truly,

FRANK H. HAMILTON.

Buffalo, N. Y., June 1, 1859.

THE following unique description of symptoms and sensations is copied *verbatim et literatim* from the original document, which was lately received by a physician in this city. We have crossed the letter *t* when necessary, and dotted each undotted *i*.

"I have a noise and a blowing in my right ere and in my left there is a cracking and it beats as if there was some thing flying in it and when I ley down it is always worse I have apain in the oapen of my head and it comes down in to my left eye and brow and some times it is like the birds sining [singing] but that dont last long some times I cant sleep to itis [it is] nere day and a beatting at my heart and the pasperation will poer of me as cold as watter and a creaping over all my face as if there was something on it."

This is a deeply interesting and affecting case—can any one tell us what is meant, in an adult subject, by the "oapen" of the head? It cannot be an anomalous example of open fontanelles, we conclude—it is at least an open question.

New Species of the Genus Homo—A Man with four Eyes.—Let not our readers be angry with us, if we raise their scientific expectations by means of what they may possibly pronounce "false pretensions."

An excellent Swedish servant-girl, living in a physician's family in this city, having answered the door-bell and ushered a visitor into the drawing-room, announced to her mistress that "a gentleman *with four eyes*" desired to see her. The lady was somewhat startled, at first, at the prospect of encountering such a new and fearful exhibition of ocular power, but reflecting that the maid-servant's knowledge of the English tongue was only nascent and needed the spirit of progress, soon ascertained, by dint of questioning, that the gentleman was not, after all, a new specimen—an anomaly—a monster—but that he simply *wore spectacles*!

Berkshire Medical Institution.—The course of lectures at the above institution will commence on the first Thursday in August, the fourth day of that month. The corps of lecturers is full, and its efficiency is well known. Students who choose to be industrious and faithful, cannot fail to acquire a competent knowledge of medicine and surgery at Pittsfield.

The preparatory or adjunct course proposed by the Faculty, must prove advantageous, if well followed out. The announcement of the Course of Lectures, with terms, &c. &c., will be found in our advertising columns.

Fiske Fund Prize Questions.—The Trustees of the Fiske Fund propose the following questions for premium essays, for the year 1860.

1. Diphtheria, its nature and treatment, with an account of the history of its prevalence in different countries.

2. The morbid effects of the retention in the blood of the elements of the urinary secretion.

For the best dissertation on either subject, they offer a premium of one hundred dollars.

Dissertations should be sent, free of expense, to S. A. Arnold, M.D., Secretary of the Trustees of the Fiske Fund, Providence, R. I., on or before May 1st, 1860. Each dissertation should bear some motto or device, and the same motto should also be written on the outside of a sealed packet, in the inside of which the writer's name and residence should be given in full. All such packets accompanying unsuccessful dissertations, will be destroyed unopened. The awards will be announced by the Trustees, at the annual meeting of the Rhode Island Medical Society, to be held at Newport, on the second Wednesday of July, 1860.

The premium of two hundred dollars, for the best dissertation on "The effects of the use of alcoholic liquors in tubercular disease, or in constitutions predisposed to such disease," has been awarded to John Bell, M.D., of New York.

To Correspondents:—Important—Final Notice!—We have several times intimated to our correspondents, that no communication can be published in the JOURNAL, unless the name of the writer be made known to us. Anonymous communications, however valuable they may be, we do not even read—and therefore we cannot know their worth, nor can our readers be edified by them. The preparation and despatching of such papers, therefore, is lost time and waste of writing materials. No correspondent need be afraid to send us his name—we will be discreet as mutes in regard to it, if such is the wish—and no one should be so much in a hurry, or so careless, as to forget to let us know to whom we are indebted. Last week, "Cato" could not be heard, because his real cognomen was withholden; and a few days since, "RUMFORD" placed himself in the same predicament. They cannot say *we did it* (Shakspeare)—for we have actually dilated upon the topic—but are far from being elated, in view of our failure, every now and then, legitimately to secure autographs. We are sincerely grateful for communications, and solicit a continuance of such favors—BUT WE CAN PRINT NOTHING ANONYMOUS.

We agree with the Editors of *The New York Medical Press*, that the following *exposé* which we take from its pages, under date of May 21, 1859, should be circulated by the medical journals, generally. We have great respect for Dr. Paine, both as a man and as a most industrious and valuable writer. Any perversion or garbling of his sentiments and opinions, we are glad to contribute our share in "showing up" to the profession.

A writer, somewhere out in Kansas, is quarrelling through the *St. Louis Medical Journal*, under the appropriate name of "Old Foggy," with Dr. Paine's essay on the Humoral Pathology, contained in the first volume of his *Medical and Physiological Commentaries*. But, finding his task rather a hard one, he is serving the author according to the habits of "border" writers in such cases, by misquoting and otherwise falsifying him, though so palpably as not to be mistaken. The following is an average example :

"But here is a case," says the writer, "that shows that food is not absorbed—'A boy, aged 15 years, took no food for three years.' The doctor does not say whether or not the boy remained of the same age all that time. It is probable, however, that he did. He quotes, also, the case of a woman who lived 'without the smallest particle of food for nine years'!!! nine years!"—Dr. Paine's comments are wholly suppressed.

Now, the following is the original :—"There are many cases of extreme abstinence mentioned in the *Philosophical Transactions* (London), for which an allowance must certainly be made. Thus, 'Dr. Blair states that a boy, aged 15 years, took no kind of food for three years.' In another case by Dr. McKenzie, a woman is said to have lived 'without the smallest particle of food for nine years.' We may safely conclude that the abstinence was very great. The case of Ann Moore is well known. Whatever imposition may have been practised, either in this, or in any of our examples, there can be no doubt that there was a degree of abstinence sufficient for our purposes."—*Med. and Physiol. Comm.*, vol. i., p. 693. Other cases are quoted from the *Transactions*.

Here, as elsewhere, Dr. Paine scouts the idea of living long without food. But we are not attempting his defence, but the exposure of an *anguis in herba*; and we submit, whether it be not a matter of common fairness, and due to the common interests of journalism, that other periodicals should repeat this exposure.

Commencement of the Medical Department of the University of Louisiana.—The Annual Commencement of this institution took place at Lyceum Hall, on Saturday, March 19th, 1859. The Degree of Doctor of Medicine was conferred on ninety-seven of the candidates for professional honors. There was also one graduate in the department of Pharmacy. Dr. Hunt, Dean of the Faculty, delivered to the class an address. Dr. J. W. Saunders next followed in a valedictory oration.

It will no doubt be gratifying to the friends of the University to hear of its continued prosperity. The number of matriculates for the session of 1858 and 1859, was three hundred and thirty-three, being an increase of fifty-seven above that of the previous session.—*New Orleans Med. and Surg. Journal*.

Invagination of the Scrotum for Varicocele.—Mr. Cock, at Guy's Hospital, has recently tried a new plan of treatment for the relief of varicocele, which is deserving of notice. It consists in the invagination of a portion of the scrotum, in the manner adopted in Wutzer's operation. The patient on whom we saw this performed, is a young man, 23 years of age, the subject of varicose veins of the testicle for some time, and which have latterly caused him much pain and inconvenience. The invagination of the scrotum serves as a natural suspensory bandage, acting as a support to the part, and up to this time has been productive of much comfort and ease to the patient. The plug was withdrawn on the eleventh day, when adhesion of the opposed surfaces was complete. This plan of treatment, however, will not obliterate the veins, but it helps materially towards their attaining their natural condition. A small portion of the skin sloughed, through which the needle of the plug had emerged in the groin.—*London Lancet*.

Communications Received.—Pure Air and Pure Food.—Trismus Nascentium.

Deaths in Boston for the week ending Saturday noon, June 4th, 63. Males, 35—Females, 28.—Accidents, 2—cancer (in the uterus), 1—consumption, 16—convulsions, 3—cholera infantum, 1—croup, 4—dysentery, 2—dropsy, 7—dropsy in the head, 2—drowned, 1—infantile diseases, 1—puerperal disease, 1—scarlet fever, 4—homicide, 1—intemperance, 1—inflammation of the lungs, 3—marasmus, 1—measles, 1—meningitis, 1—old age, 1—scrofula, 1—smallpox, 3—sore throat, 1—teething, 3—unknown, 1.

Under 5 years, 29—between 5 and 20 years, 8—between 20 and 40 years, 11—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 43—Ireland, 18—other places, 2.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX.

THURSDAY, JUNE 16, 1859.

No. 20.

TRISMUS NASCENTIUM.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY WILLIAM READ, M.D., FORMERLY PHYSICIAN TO THE BOSTON LYING-IN HOSPITAL.

THE appropriateness of the title under which the three following cases are reported, may be questioned by some. Whether they are rightly trismus nascentium, or whether the last should not more truly be considered a case of simple idiopathic tetanus, may be a matter worthy of discussion to a certain extent. But in view of the fact that the nomenclature of the disease is almost as varied as the number of cases themselves, and that different authors have adopted different synonyms, that after all the *disease* does not differ in either of the cases, the time at which it made its appearance being the only reason for a change of name, it was thought advisable to bring them together, to class the third, about which there might be some doubt, with the first two, concerning the nomenclature of which there can be no question. By this juxtaposition we at least arrive at one conclusion, that diseases of this kind, tetanic in their nature, lose none of their fatality as they occur at a later period of infancy; at a period of time when the causes which are regarded as the origin of trismus cannot be in operation, and the effect of which must have subsided long before the appearance of the symptoms marking the onset of the attack.

CASE I.—Child of — Robinson. Born April 9th, 1847. Symptoms manifested themselves two or three days after the separation of the cord. Refused the breast, moaned constantly. Respiration difficult and jerking. Body became gradually bent back, throwing the chest forward, with tense abdomen, till at the time of death it was much curved. Died before attendance on mother ceased—about four days duration of disease. Head well. Labor not difficult or long protracted.

CASE II.—July 15th, 1856. Child of — Demerrit. Six weeks old. Had been ill some days when first seen. Much emaciated.

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Respiration interrupted, jerking. Quiet at times. Before each paroxysm, much pain. Body bent back very much and very strongly—impossible to bend it forward. Died on the fourth day, from gradual wasting. Treated by anodynes.

CASE III.—Oct. 30th, 1857. Child of — Long, aged four months. Labor had been easy and natural. Was weaned at three months. Healthy. Other children in the family had, at this time, the whooping cough. First symptoms noticed were difficulty in respiration, with cough. Parents supposed it to be lung fever, and gave it oil. First saw it November 2d. Found it lying on mother's lap. Head thrown back. Spine stiff and tending to opisthotonos. Lower extremities not affected—arms thrown up. Thumbs clenched in palms of hands. Respiration not much accelerated. No heat of skin. Pulse natural. Bowels entirely well, urinary functions also. Great apparent pain upon the least movement. May have chloroform lotion to spine, chloroform to inhale, and twenty drops of tincture of scutellaria every three hours.

Nov. 3d.—Spasm of muscles nearly gone. Is now lying in a natural position in mother's arms. Eats freely. Continue treatment.

4th.—Worse—all the symptoms have increased in severity. Begins to look haggard in the face, takes less nourishment, moans a good deal, did not sleep much during the night. Impossible to bend the body forward. Thumbs still clenched in hands. Lower extremities not stiffened. Continue treatment, and add calomel, gr. ij.; ol. ricini, cochl. parv.

5th.—Medicine operated freely and well. No effect upon symptoms. Is evidently growing worse. Last night got some sleep from inhalation of chloroform. Continue treatment. Dr. Buckingham present.

6th.—Much the same. Bowels, after the operation of medicine, well. Opisthotonos perfectly pronounced.

7th.—Same. Dr. G. H. Lyman and Dr. W. W. Morland present. Child thoroughly examined. Rigidity of muscles over the whole trunk. Abdomen tense. Chest much elevated. Spinal muscles tense and plainly seen. Feet somewhat drawn up on the leg. Free motion in the joints, however. Motion causes pain. Heat of surface natural. Pupils a little dilated. Head almost at right angles to trunk. Mouth open. Keeps one finger in mouth almost constantly; sometimes of one hand and sometimes the other. Thumbs still clenched in palms of hands. Bones of skull perfectly in place, no depression of occipital bone. Has taken less food. Chloroform did not produce sleep last night, although inhaled five or six times. Begins to look much emaciated in the face. To have ether (sulphuric) for inhalation.

8th.—No better. Ether produced more quiet than chloroform, but not complete repose. During the night, left shoulder drawn back strongly. Feet drawn up at right angles to the leg, and

rather stiff. No alteration in rigidity of spine. Coughs more, and with more force. May have *R. Nit. acid. dilut.*, ℥xii.; aqua—syrup, āā ℥ ij. *M.* A teaspoonful every four hours.

9th.—Much the same. Cough no better. Last night, got the first remission from rigidity she has had, which lasted an hour. During the night, the left shoulder was drawn back. Looks a little better in the face. Continue treatment.

10th.—Dr. Parks present. Child same in general condition. Examined body. Rigidity still strongly marked below the shoulders and spinal muscles. Cough no better. Continue treatment, and add *R. Ext. bellad.*, gr. i.; syrup aurant., ℥ i. *M.* Half a teaspoonful every two hours. Has not used either the chloroform or ether for inhalation since last visit. Has rested fairly during the night.

11th.—Cough better. Belladonna given regularly. Rigidity less. Countenance more natural. Sits up less erect. Looks much improved.

12th.—Bowels somewhat irregular. Stools green. May have the following. *R. Syrup rhei arom.*, ℥i.; *sal. aerat.*, gr. xx.; syrup aurant., ℥ ss. *M.* *St. cochl. parv.* q. q. horâ. In other respects better, though cough does not seem to have been affected by the acid, and appears to be as bad as ever.

13th.—Better in all respects. Bowels more natural. Rigidity at times entirely gone. Countenance natural. Cough not quite so frequent.

16th.—Apparently well. Cough gone. Discontinue visits.

Feb. 23, 1858, was again seized with similar symptoms, and died March 1st, 1858.

No *post-mortem* examinations were had in either case.

Trismus nascentium is a disease most frequently met with in very hot or very cold climates, in the crowded wards of lying-in hospitals, and in other situations where the same conditions of a vitiated atmosphere prevail, but rarely in private practice. It may appear as an idiopathic disease, and as symptomatic of some lesion of the nervous system. The greatest number of cases recorded as occurring in the same locality, are to be found in the Reports of the Dublin Lying-In Hospital, during the Mastership of Dr. Joseph Clark (*Transactions of the Royal Irish Academy*, Vol. III.), where, at the end of the year 1782, “of 17,650 infants born alive in the Hospital, 2944 had died within the first fortnight, or nearly every sixth child, and that mainly of trismus.” The cause of this mortality Dr. Clark conceived to be “first, impure air; second, neglect of keeping the infant clean and dry; and, thirdly, irregularity of living on the part of the mothers, especially the abuse of spirituous liquors.” “To the first of these causes, however, the result is mainly due, as the second and third operate with equal force in the dwellings of the poor, without the same fatal effect on the children.”

Acting upon what from his own observation he considered to
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be the true theory of the disease, Dr. Clark made such alterations in the ventilation of the Hospital as to secure a free circulation of air through the wards, and with complete success: for of 8,033 born subsequently, "only 419 died; that is, about 1 in 19½, or from 5 to 6 in 100." Dr. Collins, in commenting upon the above facts, remarks (*Practical Midwifery*, American Edition, p. 312), "I have but little doubt that by *strict adherence to free ventilation*, in conjunction with *extreme vigilance* as to *cleanliness*, so as to entirely destroy and prevent an accumulation of foul or heated air in the wards, this frightful disease may be nearly banished from lying-in hospitals. During my seven years' mastership there were only 37 cases of trismus; of these, 14 occurred the *first* year, 7 the *second*, 3 the *third*, 3 the *fourth*, 3 the *fifth*, 3 the *sixth*, and 4 the *seventh* year. The diminution in the number attacked after the second year, is explained by the additional steps taken to free the wards from impure air. When the very great number of children born in the Hospital is considered, the proportion of deaths from this disease during the above period is inconsiderable, not amounting to more than *one* in 450 for the entire time; but for the last four years, one in 666—a fact strongly corroborative of the statement as to the benefits to be derived from the means of prevention above described." In this view taken by Drs. Clark and Collins, Dr. James Clarke, Dr. Underwood, Dr. Buer and Dr. Labatt coincide. Others, while still maintaining its idiopathic nature, ascribe it to different causes. M. Bajon attributes the prevalence of trismus on the coast of Cayenne to the cold sea wind, as it is unknown in the interior; Dr. Evans, to costiveness.

On the other side, and advocating the symptomatic nature of this disease, we find Dr. Bartram, who attributes it to improper swathing and the application of scorched linen to the navel; Romberg (*Publications of Sydenham Society*, Vol. II., p. 117) and Prof. Colles, who consider that it results from inflammation and ulceration of the umbilical vessels; Dr. J. Marion Sims (*American Jour. of Med. Sciences*, Vol. XI., April, 1846, p. 363 *et seq.*), who attributes it to the pressure of the occipital bone upon the brain, from the habit which prevails to a greater or less extent, of tending children on the back, and thus keeping up a constant pressure in this region; M. Ollivier, Dr. Evory Kennedy, Prof. Doherty, Billaud and M. Maturinski, of Stuttgart, the latter taking the same view of its cause as Prof. Colles.

But little light is thrown upon this disease by studying its pathology. Prof. Churchill, from whose work upon Diseases of Children (Am. Ed., p. 94 *et seq.*) many of the foregoing references were taken, remarks: "it is much easier to determine the predisposing and existing than the proximate causes," and sums up the resumé which he makes of the subject in the following words: "Instead of trying to reconcile these differences of opinion, and to discover one cause for all cases, it appears to me much more

philosophical to admit that there are several which may give rise to the same symptoms. Those conditions which I have first communicated may be divided into centric and eccentric causes, and are very intelligible when explained by the discovery of Dr. Marshall Hall. The irritation from these various sources is conveyed by the excitor nerves, and its effects upon the spinal system are reflected by the motor nerves to the organ affected in the disease; but there is nothing which could lead us to suppose that these effects must result from one local cause only. Whatever may be the exciting cause, there can be doubt that the proximate cause is intense cerebro-spinal irritation, but which leaves no trace of disorganization in the brain or spinal marrow." Dr. Collins (*loc. cit.*, p. 313) says, "From dissection in such cases we have never been able to discover any peculiar morbid appearances which would justify us in offering any explanation of the pathology of this disease." Dr. West (*Lect. on Dis. of Children*, p. 213) found no essential difference in the examinations he made, between the appearances after death in this disease, and what was noticed in other cases where the children died within the same time after birth from ordinary causes. In the two cases mentioned by Billaud (translated by Stewart, p. 489), there was "nothing more than an effusion of a quantity of coagulated blood in the spine. This blood was effused between the two laminae of the tunica arachnoidea, and filled the whole of the medullary canal, from the medulla oblongata to the sacral region." In view of this he asks, "were the symptoms of tetanus to be ascribed to this hæmorrhage of the spine?" and, in answer, remarks, "I am disposed to think they were." Prof. Colles (*Dublin Hosp. Reports*, Vol. I.) records the results of a large number of *post-mortem* examinations in which the evidences of ulceration and suppuration of the umbilical vessels were constant, the inflammation extending into the peritoneal cavity and involving a great portion of it.

Dr. Labatt, at that time master of the Dublin Lying-In Hospital, published a paper in 1819 (*Ed. Med. and Surg. Journal*, Vol. 15) in which he gives memoranda of nine dissections of infants, six of whom died of trismus. The appearances noted by Prof. Colles as characteristic of the navel in that disease were all absent, while in others, those who did not die of trismus, many of them were present. Dr. J. Marion Sims (*loc. cit.*) found in the case in which he made an examination, the superficial vessels of the brain full of blood, particularly in the posterior portion, while the interior was natural in appearance. A coagulum of blood occupied the whole length of the spine, completely enveloping the medulla spinalis, and thicker as it approached the brain. The spinal vessels were full of black blood. The other organs were healthy, and the umbilicus showed no trace of disease.*

* Romberg (*loc. cit.*, p. 119) in mentioning the *post-mortem* appearances of this disease as stated by various authors, adds: "without expressing any doubts as to the correctness of these reports, it

Enough has here been quoted without by any means exhausting the material, to show how little the pathological appearances can be depended on to determine the nature or cause of the disease. The symptoms which characterized the three cases I have noted were not essentially different from what are found described in treatises upon this disease by various authors. It was ushered in by restlessness, whining, some irregularity of the respiration, often of a jerking character, slight spasms of the facial muscles, and later in its duration there was strong and well-marked opisthotonos and contraction of the flexors of the extremities. The locking of the jaw was not a marked symptom in either of them. In all of them the jerking respiration, restlessness and opisthotonos, with flexure of the hands and feet upon the limbs, were well pronounced. In the second case it would apparently have been impossible to straighten the body without breaking the spine, and during the paroxysm there was evidence of great suffering from pain. Gradual wasting and decline of the vital powers was also noticed in all. Indeed, the fatal result seemed owing to this cause rather than to disease as generally understood. There was no evidence that there was any compression of the thorax in a way to induce asphyxia—a result that often occurs in adults in this disease.

There was but little treatment of an active kind. In the first case, the age of the child forbade it. In the second, the period at which it came under my care rendered it of no use. In the third, whatever was tried was, in the end, of no avail, although for a time it seemed to have checked the disease entirely. The result, however, did not differ from what ordinarily occurs in these cases. The grand conclusion arrived at from a consideration of all the cases I have been able to study, and the concurrent testimony of authors, with perhaps one or two exceptions, that have been consulted, is, that it is of no avail. Dr. Sims, reasoning from a conviction that the source of the evil is in the undue compression of the head during birth, and long-continued pressure of the back part of the brain, arising from the child's being kept constantly on its back, considers the disease to be a "spinal apoplexy." (*Loc. cit.*, p. 366.) His treatment, so far as any is indicated, consists in changing the position and restoring the bones of the head to their proper, normal relation with each other, so far as can be done, supporting the head on a soft pillow, and putting the child on its side. This, however, would not exclude other remedies that might be thought necessary, but seems in his opinion to be most appropriate and promises the greatest amount of success. Of the eight cases reported by him, six died and two recovered. In both the latter a re-placement of the occipital bone was follow-

is necessary, for the due appreciation of the facts, to remind the reader of the considerable amount of congestion existing during the first years of life, both in the osseous and membranous investments of the brain and spinal cord; this will necessarily be increased by convulsive, and more especially by suffocative attacks."

ed by an amelioration of the symptoms in so short a time that it may be fairly inferred to be the result of the change.

If it was the fact in all, that the origin of this affection, as in Dr. Sims's cases, was to be found in the displacement of the cranial bones, there can be but little doubt that their early re-adjustment would go far to remedy and cure the disease. But the records of Dr. Clark prove that, in his cases, it could not have been dependent on a mechanical cause, for the change in the atmospheric conditions of the hospital alone, almost banished trismus from the wards. The cases I have reported can be classed with neither, for in all of them there was no lack of kind and watchful care, combined with every necessary comfort of life and good ventilation, rendering it improbable that the disease was produced by the causes referred to in Dr. Clark's paper; and the length of time which elapsed before it manifested itself in the last two, equally place them out of the category of Dr. Sims's cases.

But while it may be true that the opinion of Dr. Churchill as to the cause of this disease, which has been already quoted, is the only tenable one, there may be instances wherein it may be traced to a direct origin.

When, therefore, symptoms show themselves which indicate the commencement of this intractable malady, if within a few days of birth, the head should be examined with great care, and if any of the bones are displaced they should be re-adjusted without delay. If, on the other hand, the infant has gone along in a healthy condition for a greater length of time, to a period beyond the probable action of such causes, the persevering and judicious use of remedies should be at once commenced, with a trusting hope, alas, too often disappointed, in their efficacy, and the final restoration of the little sufferer to health.

GONORRHOEA AND SYPHILIS—A REVIEW.

[Concluded from page 379.]

AT Chapter XVII., the author enters upon the subject of Syphilis. The following points are considered in the course of the chapter: The unity of the syphilitic virus; our ignorance of its intrinsic nature; the rarity of indurated chancre; its solitariness and the deceptive nature of induration; the interval between exposure and morbid manifestations; the abortive treatment of chancre.

Upon none of these departments can we pause to comment. It will suffice to say that they are treated very clearly, and, as we think, judiciously. Where all the topics are important, it would be difficult for us, with our restricted space, to signalize any with much detail. Were we to mention one part rather than another, in this chapter, it would be the portion devoted to the "abortive treatment of chancre." The question when the abortive treat-

ment may be resorted to hopefully and when not, has, of late particularly, been much in dispute. Dr. Durkee sums up his opinion upon this point as follows:

"If the surgeon be consulted within eight or ten days from the appearance of the suspicious lesion, he is justified in resorting to the caustic. Whether the pimple or ulcer possesses all the reputed scientific attributes of a chancre, or not, the caustic should be applied. It cannot do harm. If properly employed, it will occasion a small slough, after which follows a simple healthy sore, that will heal kindly, and thus the surgeon may prevent a life of misery."—(P. 183.)

With a view to the prevention of secondary accidents by the abortive treatment, we should still prefer to see our patient and cauterize his chancre within the *five days*, originally fixed as the safe period by Ricord. But this often cannot be done; and then the surgeon doubtless acts properly to cauterize the chancre even up to ten, or perhaps more, days—whether he should add any constitutional measures to the local treatment, must be left to the discretion of the practitioner in each case. The question is a nice one, and necessitates grave deliberation. Our author is careful to extend all due caution in this respect to his readers; witness the following extract, which opens the eighteenth chapter—devoted to the Constitutional Treatment of Chancre:

"Although the surgeon loses no opportune moment in attempting to annihilate the syphilitic virus by the destruction of the part in which it is believed to be confined, he should not feel safe or justified, in all cases, in dispensing with internal remedies as a prophylactic against constitutional infection.

"The chancre, considered abstractly and by itself, is an affair of small moment. It is the consequences, which may be entailed upon the individual, and of which the chancre is the usual medium, that we are to dread."—(P. 188.)

The subject of Artificial Syphilization is considered in this chapter. Whilst we may feel a sort of admiration for the zeal and perseverance of M. Auzias Turenne, its originator, we have never experienced anything but unqualified disgust at the whole plan, when analyzed; and especially at the openly avowed end held up to view by its enthusiastic votaries, viz., immunity from the syphilitic poison—so that the hardened libertine or the flushed youthful pleasure-seeker may safely pursue Venus Impudica to their hearts' content! This is the ultimate purpose and aim of the procedure; if not, what else is it? M. Boeck, of Christiania, Norway, who seems to have fairly waded through a sea of syphilization, with constantly increasing *sang froid* and confidence, uses the measure both in infants and adults; and asserts that it not only cures, but preserves from, the disease! Science may be cold and formal, let her not be beastly and degrading.

Not to enter into a discussion upon the scientific certainties or probabilities of the proposition, we submit that its moral aspect and relations are enough to condemn it, and thus we drop it—as something that soils the fingers and is offensive to the nose! Our author is even more severe, if possible, than we are, in his condemnation of the measure.

The question of the use of mercury in the constitutional treatment of chancre, is discussed in this chapter; and here we think the train of reasoning logical and the conclusions just. Evidence for and against the *exclusive* "simple treatment" is adduced; and the reader can judge for himself of its value. We think Dr. Durkee has pointed out the right course—the "happy medium"—in regard to this important point; and we believe that every reflecting practitioner will adopt his views. Thus, while he does not banish mercury from the treatment of chancre, he cautions us against its excessive or improper use. Doubtless a very large proportion of the horrible disfigurements and irremediable disease formerly noticed so constantly in syphilitic patients, may rightly be charged to the unwarrantable crowding of the system with the drug spoken of. We now know that not only is it our policy, but our duty, to stop short of salivation when we employ mercurials in the treatment of venereal affections. But we will let Dr. Durkee state the case for us.

"Although I am far from believing that the mercurial preparations justify all that has been advanced in their praise, I am by no means disposed to discard them from the catalogue of our most useful remedies in the treatment of various syphilitic affections. I employ them as valuable and important additions to the simple plan of treatment. I have faith in them; but it is a modification of the faith which, thirty years ago, ruled and misguided medical practice far and wide. For the cure of indurated chancre they are almost indispensable. But great circumspection is demanded in their administration."—(P. 199.)

The mischief wrought by mercurials in cases of non-indurated chancre or ulcer, and in patients of scrofulous or of debilitated constitutions, is next very properly referred to; and, in regard to the extent to which mercury should be employed, we have the following:

"The ultimate point to which we should ever push the use of mercury is, merely to increase the redness of the gums; and this increase in the vascularity of the capillaries of the mucous membrane, should be regarded as a warning to withhold the article entirely for a few days, or else to employ it in very much diminished quantities."—(P. 202.)

We consider the remarks upon the treatment of the different kinds of chancre, as eminently judicious and worthy of attention; and particularly is this the fact in relation to the management of Phagedænic Chancre. On page 237, the author highly recommends the carbonate of ammonia in the treatment of the latter variety of chancre. We can ourselves bear strong testimony to the value of this medicine, and have found the form of administration advised by our author (*loc. cit.*) to be an excellent one, and peculiarly acceptable to patients.

The reader may be referred to pages 238, 239, *et seq.*, up to Chapter XXIII., for graphic descriptions and illustrations of phagedænic disease—these pages affording a favorable specimen of our author's eminently readable style, and of his power of communicating practical information in an available way. The same is

true of the Chapter upon Bubo; and an excellent account is given of a case of "sympathetic bubo," wrongly diagnosticated by an inexperienced practitioner. The mischief which may arise from such a mistake is made very properly prominent.

On page 251, we observe a very just condemnation of the plan, endorsed by Acton, for *compressing* buboes. Nothing, that we can now think of, seems to us more absurd, nor indeed more cruel, than such an inquisitorial procedure. Whether suppuration be established, or not, we conceive the measure to be alike unjustifiable.

Passing over many subjects of importance and interest, we come to one peculiarly deserving the best attention of the practitioner—we refer to the question of the *transmissibility of secondary syphilis*, no primary symptoms having existed. The syphilodermata, we may remark, are considered before broaching this topic, and upon the basis of Wilson's system, in Chapter XXV. We have neither time nor space to descant upon a theme at once so imperfectly understood, and so worthy of the study of every medical man. We commend our author's statements upon this head, in the above chapter and subsequently, to the careful perusal of all who need information upon those affections of the skin rightly termed specific; what he offers is eminently worthy of trust, by reason of his long and constant experience. We must allude to one sign of great value, and which has not, to our knowledge, been made prominent in the diagnosis of syphilitic eruptions, viz., *anæsthesia of the skin*. If this be, as we are told by Dr. Durkee, a constant feature in such cases, it can hardly be over-rated. We shall refer, in passing, to the special descriptions of various syphilitic eruptions furnished by our author in subsequent chapters.

The appearance of secondary without the occurrence of primary symptoms, is, as we have lately said, a question of absorbing importance. No adequate idea can be given, within our limits, of the author's presentation of this subject—which, we feel sure, will be considered one of the most entertaining and valuable portions of his volume. We incline, with him, and others of note—fortunate in our association with such authority—to credit the cases which now and then occur—and of late, it would seem, with greater frequency—where secondary accidents appear, and the primary links of the chain seem never to have existed. Yet we wish to give free expression to our skepticism in many of those instances which, *seemingly*, come under this category. With due deference to our author, therefore, we here take occasion to say, that while most of the examples he offers are doubtless clear and positive, there are two or three which seem to us open to a challenge. Thus, in Case I., we are told—"that this woman ever had primary symptoms in the organs of generation, there was not a particle of evidence." We submit that there is sufficient ground for believing that chancre *might* have existed in this patient, without her knowledge. It is noto-

rious that such a lesion may escape observation in females, even by a physician—frequently its presence is not known to the patients personally. We think this case open to doubt—but we are ready to admit the greatest fairness and honesty in the belief expressed, and that these sentiments were equally entertained by all parties.

Case II. does not seem to us to rest upon a much more reliable basis. The mere avowal of the patient that he never had observed any primary lesion, does not make us quite certain that none ever existed. There is, it is true, more reason to believe this a genuine case, than that of the female previously referred to—but we are hardly willing to join our author in his implicit faith as to the sharpness of observation or the entirely unquestionable veracity of his patient; who, it should be borne in mind, was “a young, unmarried man,” and who “frankly admitted that he had been on intimate terms with sundry girls of the town.” We are inclined to hazard the opinion that certain primary lesions might have escaped his observation, rather, perhaps, on the score of carelessness than through the deliberate intention to deceive his physician. With reluctance, therefore, we feel constrained to leave the element of doubt upon Case II. Case III. strongly tempts us to the same line of remark, but we forbear to examine it, at this juncture, and must abandon any more detailed examination of these cases, with the single assertion that everything, nearly, depends on the physician’s personal knowledge of the parties diseased. There are many instances where a patient’s narration of facts is enough to satisfy the most distrustful—their “word is as good as gold.” It is evident, however, that many elements of difficulty often enter into the determination of this class of cases. Dr. Durkee, whilst professing himself fully aware of this, is very positive as to the reliability of the evidence afforded by his cases. He also refers (pp. 275–6) to an instance reported by Wilson. The patient was a medical man, and he had apparently no motive either for concealment or deception. He had been abundantly exposed to infection, but “he had never had a symptom of primary disease; that is, nothing that ever attracted his attention, or called for treatment.” Does not the last clause of the foregoing sentence imply at least a slight reservation?

We repeat that there seems, at the present day, to be an amount of rapidly accumulating evidence in favor of the manifestation of secondary symptoms without known or discoverable primary. But the greatest caution is surely demanded before pronouncing in individual cases. The names of Velpeau, Sigmund and Hebra lend strong support to the doctrine.

After stating the opinions of several celebrated authorities, that *lues venerea* may be propagated by means of the seminal fluid, and also by contagion from the blood of an individual affected with secondary symptoms, we have the statements of M. Trousseau

relative to the communication of the disease from the nurse to the infant and *vice versâ*. This portion of the work is replete with interest and importance; and in the same connection, we are glad to observe that our author has introduced (pp. 282 *et seq.*) the report of the discussion upon the "Communicability of Secondary Syphilis" which took place at the meeting of the Boston Society for Medical Improvement, holden Nov. 8th, 1858, and which was published in the Boston Medical and Surgical Journal of Jan. 6th, 1859. We must refer to the text itself for the particulars of the debate—premising that the weight of evidence therein offered by reliable men, is decidedly in favor of the communication of secondary symptoms; somewhat varying opinions, however, were advanced by certain members.

Ricord's doctrine—so long undisputed—that consecutive or constitutional syphilitic phenomena are alone produced by the Hunterian or indurated chancre, must be renounced, as an unfailing rule, if we are to credit the frequent evidences afforded in support of the new propositions we have been considering. In relation to this matter, our author well remarks:—

"In a legal and moral, as well as in a medical point of view, the subject is one that demands close and impartial study. Its investigation is acknowledged to be fraught with difficulties. It is not wholly free from the influences flowing from the schools and the high authority of brilliant names, and it is perhaps impracticable to sever it from such relations. As in many other matters, not susceptible of mathematical demonstration, so in this, the evidence that convinces one man may fail to satisfy another, and thus the question seems likely to remain a mooted point, at least for the present. I consider myself justified, however, in stating here, that in the judgment of a vast majority of the most eminent men in the profession, the communicability of secondary syphilis is a fact as firmly established as is the contagiousness of the poison of indurated chancre. And whatever may be the theoretical notions of the reader on the subject, he will do well, whenever he is called upon to form a diagnosis or to give an opinion in matters of this sort, wherein the health or the character of individuals or parties is at stake, to ponder upon the facts and opinions embraced in this chapter. To ignore them would be unreasonable, unsafe, and unjust."—(P. 290.)

In Chapter XXVII., the consideration of those cutaneous affections which are the *insignia* of constitutional syphilis, is entered upon. We have previously stated that these affections would be taken up by our author in detail; to individualize them, and comment upon each, is not in our power. In regard to the portion of the work devoted to their examination, we can confidently recommend it to all readers and students who desire fresh and reliable information upon the exceedingly important subjects of which it treats. The erythematous, papular, tubercular, squamous and pustular eruptions are all fully discussed. We extract a few paragraphs relating to *lichen syphilitica*, as a favorable specimen of this part of our author's expositions. After having disposed of the exanthematous eruptions, and mentioned the different forms of lichen, he remarks:

"By an easy transition, the elevated papules of lichen, in each of the varieties which it presents, may pass into the tubercular form, which is one of the most

common and important of all the syphilodermata. Very often, the papules are seen in company with pustules, tubercles, or squamæ; or the patient may present himself with the types of nearly all the syphilitic eruptions upon him. The lichen is frequently associated with iritis, nocturnal pains in the large joints, or with some other manifestations of constitutional syphilis. Occasionally, it arises as an accompaniment of the primary symptoms, and, in such cases, is apt to awaken a febrile disturbance for a few days. Sometimes it attacks the prepuce of the male, or the vulva, orifice of the urethra, or clitoris of the female; the external surface of the labia is also frequently dotted over with this eruption. When seated on the organs of generation, it will sometimes excite considerable irritation and soreness of the parts. In some instances, the papules inflame, and minute ulcerations appear upon their apices, which soon become covered with dry, delicate scabs or incrustations. When developed upon the extremities, or upon the inferior portion of the abdomen, this eruption has been erroneously supposed to be a syphilitic form of itch; hence the name of *scabies venerea*, mentioned by some of the older writers. Although there is no such malady as venereal itch, we occasionally meet with the vesicles of simple eczema, mingled with the papules of syphilitic lichen."—(P. 298.)

The directions for the *treatment* of these and kindred affections are ample and judicious—many formulæ being given in the text, whose efficacy the writer has satisfactorily tested. In chronic syphilitic lichen, the iodide of sulphur ointment is spoken of as sometimes effective. The following formula is inserted: *R.* Sulphuris iodidi, \mathfrak{z} ij.; pulveris camphoræ, gr. vi.; olei bergamii, olei lavandulæ, $\mathfrak{a}\mathfrak{a}$ gtt. v.; unguenti rosarum, \mathfrak{z} i. *M.* We can ourselves bear testimony to the power of the iodide of sulphur ointment in certain non-specific as well as specific eruptions. On page 309, Dr. Durkee says, with regard to this medicament:

"A few words more, relative to topical applications to syphilitic lichenoid eruptions. If they assume a chronic character, I generally select the iodide of sulphur ointment, as answering all the purposes to be gained by the employment of greasy substances, a class of remedies which we are to avoid if we can; but which we are glad, on some occasions, to call to our aid."

On page 335, *et seq.*, we have an excellent and full description of the *mucous tubercle*, so frequent and so troublesome a syphilitic manifestation. Its local and constitutional treatment is appropriately detailed.

Farther on, the interesting and very striking phenomena of *rupia syphilitica* are presented and examined. The description is minute and clear; and the remarkably fine delineation of the affection which is placed as a frontispiece to the work, and which illustrates the case given by the author, from his own notes, on page 344, will speak more eloquently than any words of ours. In managing this troublesome disease, the following directions for carrying out proper local treatment are worthy of especial attention:

"The rupial crusts may be removed to advantage, provided this can be done without employing much force; but if they are quite adherent they should not be disturbed. Alkaline baths, and sometimes warm poultices, will promote their detachment; and the indolent ulcers thus brought to view, should be touched with the nitrate of silver, or some other less stimulating substance. Dossils of lint, soaked in a weak solution of nitric acid, or in the potassio-tartrate of iron solution, constitute an appropriate dressing to the sores during the day; and for

the night they will need the protection of some mild, gently stimulating ointment, as that of the nitric oxide of mercury very much diluted."

The accident of *baldness*, after or during syphilitic disease, receives due attention in Chapter XXXII. The directions and prescriptions are many and excellent—some of the latter, the author declares to be "efficacious"—we have known most of the numerous appliances to fail in these cases, and occasionally improvement and restoration to take place. In specific alopecia there would seem to be more chance for the reproduction of the natural covering of the scalp, than there usually is in the other varieties so constantly and widely observed. He would be indeed a fortunate man, no less than a benefactor of his species, who should discover a restorative for crowns (natural, not jewelled) when shorn of their glory! Would that such a discovery could be made—the ruin of a million wig-makers were a trifle, in view of its benefits to the race. We speak feelingly *on this head*—although, personally, we repudiate the *specific* element!

We must pass over the account of several local lesions—such as ulcers on the tongue, in the throat, &c. &c., in reference to the management of all which, good advice will be found in the thirty-third chapter. Our treatment of the topics of the next chapter, must necessarily be the same; its subject is Syphilitic Diseases of the Nostrils and Nasal Fossæ—an important one, and worthy of close study and observation.

Syphilitic Iritis, the subject of the thirty-fifth chapter, commends itself to the best attention of the medical practitioner, alike by the extreme seriousness of the lesion, the necessity for prompt and efficient action, and the important question—what shall the treatment be? It is doubtless familiar to all our readers, that the management of cases of iritis has, of late, been far different—both when the affection is specific and when non-specific—from that which has prevailed all over the world for many years. As a curious and noteworthy fact, we are reminded by our author that syphilitic iritis was once considered to be referrible wholly "to the physiological action of mercury." It is now, and has for a considerable period been attributed to its true source, viz., the empoisoned condition of the system through venereal infection. We are indebted to the German oculists for clearly establishing this fact.

Dr. Durkee refers to an instance of specific iritis, wherein recovery ensued under an exclusively *tonic* course, suggested by Dr. Williams, of this city—no mercurials being taken. The excellent and satisfactory paper published some time since by Dr. Williams, and which fully sets forth the success of this method in all kinds of iritis, has been extensively read and thoroughly appreciated by the profession, both in this country and in Europe. We have ourselves tested its efficacy in several instances—specific as well as other—and have no doubt that it will hereafter maintain the as-

cendancy it has so justly acquired—although we by no means would be understood to say, that mercury is never to be employed in specific cases of this nature. The iodide of potassium also very justly figures largely in the list of remedies recognized as peculiarly serviceable in this affection.

The phenomena of Tertiary Syphilis are displayed in Chapter XXXVI.; and the story is an exceedingly interesting one. The iodide of potassium here receives that credit as a remedial agent which it so truly deserves, and which it will doubtless continue to hold. The account of the Tubercula Gummata is at once curious and complete. Their existence in the muscles, and among their tendons, and the consequent interference with the function of these parts, are referred to, and the triumph of the salt just mentioned, over this troublesome condition, is duly chronicled. Dr. Durkee distinctly states that “our chief reliance must be upon the iodide of potassium” in combating the above accidents; and he attributes the failures to cure venereal lesions manifested late in the disease, and which have been often reported, to the indiscriminate employment of the medicine in the secondary and tertiary forms. It is peculiarly in the latter, that its power is manifested.

“In the treatment of primary sores,” says Dr. D., “the potassium is of no value. The same is true as regards the *early* stage of secondary eruptions. Cases are recorded, in which this salt has been taken for many months for the cure of pustular and tubercular affections of the skin without any permanent advantage. Sometimes it will suspend or keep under such eruptions for a while, but, as soon as it is omitted, these phenomena will return as severely as ever; and from the numerous trials that have been made with it, it appears to be a well-established fact that its therapeutic qualities are in a direct ratio with the long continuance of the specific symptoms. Experience has now supplied ample proof that under its action, *tertiary* or very *late secondary* ulcerations of the soft tissues heal rapidly, that pains in the bones are relieved or annihilated, that exostoses are totally destroyed, that extensive periostoses are arrested in their progress, that old sequestra are promptly eliminated in very many instances, and that tedious and distressing caries will dry up and cicatrize in a permanent and healthy manner.”—(Pp. 395, 396.)

Passing over Syphilitic Sarcocœle (Chapter XXXVII.), we find the Diseases of the Periosteum and Bones thoroughly examined in Chapter XXXVIII. A large portion of this chapter is occupied in setting forth the remedial measures adapted to these annoying and often very persistent lesions. We must refer our readers to the work itself for the very valuable *resumé* of treatment supplied by the author from his own experience, no less than from various reliable sources.

The subject of Infantile Syphilis, which occupies the concluding chapter of the volume, is one of surpassing interest, and which is attracting—as it deserves to—more and more attention in our day. The communication of syphilis from parents to their offspring is now universally recognized; and the direful accidents entailed are a matter for almost daily comment. The frequency of abortion, where syphilitic disease has been communicated to the female by a diseased male, is notorious. Still more disastrous

are those instances where children are brought into the world, infected, and destined to drag out a wretched existence for a few months—possibly for a year or two—and then die, blighted and miserable objects.

We transcribe, from the four hundred and seventeenth page of the work, the singular fact first observed by the late Mr. Colles, of Dublin, in regard to the transmission of syphilitic disease from an infant to its nurses: "An infant, having secondary symptoms at birth, cannot infect its mother's breasts, even if its mouth be ulcerated, although such a child can, and often does, inoculate a strange wet nurse." This seemingly extraordinary and puzzling fact is corroborated by Mr. Hutchinson, of London, who "suggests, in explanation, that in such cases, the mother of the diseased child has already received from it, whilst *in utero*, all the contagion it is capable of conveying. Hence her exemption or immunity."—(*Loc. cit.*)

We must refrain from specifying any more of the many interesting points in this chapter, having already prolonged this article beyond the limits we originally intended for it. The various important topics embraced in the work seem justly to have demanded the attention we have given to them, and such is our excuse—if any be needed—for our somewhat lengthy review. A few considerations upon Syphilis and Pregnancy; and a valuable case bearing upon the transmission of secondary syphilis from the nurse to the child, furnished by Dr. S. L. Abbot, and printed as an Appendix, terminate the volume.*

It only remains for us to say a few words in regard to the *dress and ornamentation* of the work.

Of the eight colored plates, representing the various external manifestations of syphilis, we can hardly speak too highly. They were executed by Mr. J. H. Bufford, of this city, and will not suffer by a comparison with the acknowledged first-class specimens to be seen in the celebrated work of Wilson. It is enough to say of them, that they do great credit to the artist, evince the good judgment of the author in selecting the subjects for representation, and furnish a faithful portraiture of the affections they are designed to delineate.

The work is appropriately dedicated to the author's former teacher, Dr. Thomas C. Brinsmade, late President of the Medical Society of the State of New York, and a highly distinguished practitioner of Troy, N. Y. We can testify that the earnest and respectful tribute paid to this gentleman's character, is as well deserved, as it is replete with truth and feeling.

* The question has been once or twice asked of us, and we believe of the author, why a chapter upon Stricture, as a consequence of Gonorrhœa, was not inserted in the work. We are allowed to state that a chapter upon this subject *was* prepared; but, by the advice of good judges, it was not printed—and for the reason that the affection is so fully discussed, not only in monographs, but in nearly every treatise upon surgery. We entirely concur with our author and his advisers in their opinion and action—the book is right, as it is.

The typography, paper, binding and general appearance of the volume are most excellent; and the publisher, Mr. John P. Jewett, of this city, deserves the thanks of the profession for the evident care which has been bestowed upon his department of the undertaking. Our examination of the work has been a very thorough one, and we have observed only a few typographical errors. We need not specify them, as we know that the author has them all in ward, for correction in future. The slight marring of the marginal letters in certain pages of the Preface, and in the Dedication, which we noticed in the copy with which we were complimented, arose, as we are informed, from a mishap to those portions of the stereotype plates, at the last moment. In a large majority of the copies the damage was rectified, so far as possible, after the impression was taken.

We take the liberty of suggesting *Syphiliticæ* and *Syphilitica* as the adjectives to be attached to the titles of Plates VII. and VIII., instead of "Syphilitic." Being, also, somewhat nervous sticklers for the use of the particles in English composition, we had rather see, in another edition, the word *of* inserted between "iodide" and "potassium," two or three times, in the Index. But these are mere trifles, and we should not refer to them, except that it is desirable to see a volume so nearly perfect, entirely so, when opportunity shall offer.

The use of the term "iodide of potash," when iodide of *potassium* is intended (pp. 74, 75) is, of course, a mere *lapsus penæ*; as our author must be aware that the first expression is incorrect, and he doubtless used it wholly by inadvertence. We do not know of any such preparation as the "iodide of potash."

The *formulæ* all have the merit of being written out in full and correctly—a very desirable and praiseworthy feature, somewhat rarely met with in the medical publications of our day.

Mr. Jewett has been at the expense of stereotyping the work, as we think wisely. We predict a future use of the plates, sufficient to entirely justify him in such a procedure. Already, symptoms of rapid consumption have attacked the edition just issued; and every practitioner and student who caresto be *au courant* in syphilography, will contribute to the increase of such—in this case—desirable manifestations.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 16, 1859.

PHYSICAL CULTURE.—Dr. GEORGE B. WINDSHIP, of Jamaica Plain, whose father is so well known to the physicians of this vicinity, delivered a lecture at the Music Hall, in this city, on Wednesday evening last, on Physical Culture, which demands a notice from us, not only on account of its subject, but that we may put on record the remarkable fact of the lecturer's enormous strength,

Without any artificial assistance, Dr. Windship lifted *nine hundred and twenty-nine pounds*. Eight hundred and twenty-seven pounds were lifted without any great apparent effort, a foot or more from off the floor. Nine hundred and twenty-nine pounds were fairly lifted, a single time, several inches from the floor. The iron plates which he used were weighed before the audience. Dr. Windship stated that this is one hundred and twenty-nine pounds more than there is any record of having ever been lifted before, without artificial assistance. Behen, the Belgian giant, and Topham, an English athlete, have each lifted eight hundred pounds. Two years ago, Dr. W. commenced lifting five hundred pounds, and has gradually reached this present maximum, which he attained about one month ago. Dr. W. also sustained and lifted the weight of his body by his little finger, and by a single hand. He is able to raise his own weight three times in the first-named manner, and twelve times by the latter. He also shouldered a full flour barrel, and performed some remarkable feats of strength with the dumb-bells. Dr. W. is 25 years of age, weighs 143 pounds, and is 5 feet, 7 inches in height.

In forcible and eloquent language, the lecturer urged the importance of pure air and physical culture. He spoke of the ease with which gymnastic exercises could be practised at home; the little time which professional men could devote to them being a feeble argument against their use, for he himself rarely exercised more than half an hour a day. This exercise, however, he added, was *concentrated*, and quite sufficient. No apparatus for exercise was better than the despised dumb-bells—despised only because there is nothing artificial about them—or than a barrel of flour. His own heaviest dumb-bells weigh 140 pounds each.

Dr. Windship spoke with the enthusiasm of a man in the enjoyment of their delights, of the blessings of health, and of his expectations as to the limits to which he should be able to carry his own strength. We hope he will not be tempted to injurious exertion; hitherto, prudence and good judgment seem to have characterized his efforts. In this connection, we would particularly refer to his remarks relative to the reasons why gymnastic exercises are often abandoned, in despair or disgust. It is because beginners undertake too much *at first*, and are too eager to attain to and surpass the prowess and strength of accomplished gymnasts. If they would eschew this ill-advised ambition, and be content to progress gradually, the exercises would be at once delightful and beneficial. Dr. Windship's example is a stimulating one; and with the wise cautions he so properly inculcated, may be followed by every man with profit to himself and to his posterity. Several instances were adduced by the lecturer, of men becoming proficient in gymnastics, and thereby immensely improved in health and strength, who began in middle life, and even long past that period. A slight frame, so far from debarring its owner from engaging in such a course of training, should rather be a motive to pursue it, and thus develope and strengthen the person.

In one portion of the lecture, reference was made, in glowing terms, to the pleasures and advantages to be derived from horticulture; and for this pursuit the gentler sex are as well—perhaps better—suited than the rougher. At all events, *floriculture* is appropriate to the most delicate hands. The good effects of a close communion with external nature upon the moral character no less than upon the physical senses, were appropriately enlarged upon. It was pertinently asked whether a man whose physical powers were cultivated as they should be, and brought to exercise their legitimate influence upon the mind and heart, would be likely to become a drunkard, a debauchee or a gambler? Certainly not, say we.

The discourse abounded with fitting allusions to all those wondrous and beautiful manifestations in the natural world, which lead men, by their contemplation, to acknowledge and adore their great Author.

We take this opportunity to express our thanks to Dr. Windship for his polite attention in abundantly supplying us with tickets to his highly interesting lecture.

Boston, June 4, 1859.

MESSRS. EDITORS,—I stated, in a communication to your JOURNAL respecting the "New" Sydenham Society, which appeared in the issue of March 29th, that further information would be given when the prospectus should be received. The following is a copy of the one issued by the Council of the "New" Society.

The objects to which the NEW SYDENHAM SOCIETY will direct its attention are the following :—

- I. The translating and editing of valuable Foreign Works on Medical Science, as also of important Papers which may have recently appeared in Foreign Journals, Transactions of Societies, &c. These Works, Papers, &c., will be translated in full, and brought out as early as possible after their original publication.
- II. The reproduction of British Works, Lectures, and Papers, which, whilst of great practical value, are out of print or difficult to obtain, excluding the works of living Authors.
- III. A Year-Book of Reports in abstract, of the progress of the different branches of Medical Science, compiled by a Committee.
- IV. Should the funds prove adequate, it is proposed also to prepare volumes of Medical Bibliography and Medical Biography.

It will be observed that the New Sydenham Society aims *chiefly* at the republication of Modern Works and Papers, especially those of a directly practical class. In order to secure a representation of the wishes and opinions of the general body of Members of the Society, it is proposed that its Council shall always include a certain number of provincial residents, and that its Annual General Meeting, at which the election of Officers and Council will take place, shall be held at the same time and place as the Anniversary Meeting of the British Medical Association.

After careful inquiry into the causes which led to the decline of the late Sydenham Society, it is believed that two of the most important were the expense of its management, and the inefficient means employed for enlisting new members, collecting subscriptions, and issuing books. It is, therefore, proposed, in order to remedy these defects, that the New Sydenham Society shall adopt a system of rigid economy in its management, by which it is believed that at least one-half of the executive expenditure may be saved; and it is further contemplated to enlist a much larger number of Local Secretaries, and to adopt other precautions for ensuring punctuality in all its departments.

The assurances of support already received are so numerous that it is intended that the Society shall commence its operations at once. Its Council, however, earnestly begs of all interested in its prosperity to remember that *great* success can only be attained by a Society of this kind when the number of its members is *very* large. The expense of printing 2000 copies of a book is but little more than that of printing 500. It is merely the difference of paper, binding, and a trifle for presswork. It thus becomes the direct interest of every Member to enlist as many additional Members as possible, since, by so doing, he will not only extend the influence of sound Medical Literature, but will increase the number of works to be obtained for his own subscription.

It is earnestly desired that the Society may really meet the wants of the reading part of the Profession, and the Council, therefore, directs especial attention to Law XVIII., by which all Members are invited to propose works, and make suggestions. Much valuable information has already been received from correspondents; and the Council trusts that all who may become Members will freely offer any proposals which they may think worthy of consideration.

The Subscription will be One Guinea annually, payable in advance.

NOTE.—All connected with the Profession, including Students, are eligible as Members: those who may wish to become such will save much trouble by promptly sending in their names to the Secretary.

It will be observed that the subscription constituting a member is ONE GUINEA annually, to be paid in advance. The guinea is equal to £1, 1s, 0d, which is equivalent, at the ordinary rate of exchange, to \$5.25 U. S. Currency. It is desirable, for the best interests of the Society, that the annual payment should be made promptly on or before the first day of January of every year. It is a rule of the Society that no books shall be issued to any member until his subscription for the year has been paid. If the members in this country would observe uniformity and promptness in the payment of their subscriptions, it would save expense and trouble, besides ensuring an early delivery of the books after publication.

The first year of the Society dates its commencement from Jan. 1, 1859. It is hoped that those persons, especially, who have signified their intention to become members, will please to forward their subscriptions at once.

The expenses attending the delivery of the books to me in Boston, will be shared equally by the members. Those members who reside out of the city, or at a distance therefrom, must point out the mode of conveyance by which parcels are to be sent, and the carriage must be paid by the member to whom they are sent. All other expenses must be paid by the persons authorized to receive the parcels, on their delivery by the subscriber.

For the information of those who have not been acquainted with the objects and scope of the "Old" Sydenham Society, or, being acquainted, felt no particular interest in them, I will simply add that the "New" Society differs very considerably in these respects from the "Old." The latter was devoted principally to the re-publication of standard English medical works, selections from the ancient and from the earlier modern authors, and translations of recent foreign works of merit; whereas the "New" Society confines itself mostly to the re-

publication of MODERN WORKS AND PAPERS of a directly practical class. This, it would seem, ought to ensure a more extensive popularity for the "New" Society among the active medical men in our country. The "New" Society, if its plans are fully carried out, will furnish more than treble the amount of medical information of practical value than can be given in any other way for the same amount of pecuniary consideration.

In conclusion, Messrs. Editors, I thank you for allowing me so much space in your JOURNAL, and I trust you will second my efforts in promoting the interests of the "New" Society, for the sake of the profession at large.

Very respectfully yours,

RICHARD H. SALTER,

Hon. Local Secretary.

Middlesex North District Medical Society.—At the recent Annual Meeting of this Society, the following officers were elected for the current year: Jown W. Graves, of Lowell, *President*; Charles A. Savory, of Lowell, *Vice President*; Jonathan Brown, of Tewksbury, *Secretary*; N. B. Edwards, of N. Chelmsford, *Treasurer and Librarian*; Joel Spaulding, of Lowell, *Curator of Cabinet*; John C. Dalton, of Lowell, *Commissioner on Trials*; Hanover Dickey of Lowell, Miles Spaulding of Groton, and Levi Howard of Chelmsford, *Standing Committee*; John W. Graves, John C. Dalton, J. P. Jewett, C. A. Savory, of Lowell, Darius A. Dow of Westford, Luther B. Morse, Hanover Dickey, Joel Spaulding and Ira L. Moore of Lowell, *Councillors*; Nathan Allen, Elisha Huntington, D. Parker Gage, of Lowell, Edward A. Perkins of Tyngsboro' and Hezekiah C. Bickford of Billerica, *Censors*.

Lithotomy.—This operation was performed by Dr. Brainard, on the 10th of May, on a boy three years old, who is at the present time quite recovered. This is the sixteenth operation of Dr. Brainard, and as yet no accident has occurred in any one of them. This small number of cases indicates the great infrequency of urinary calculus in this region, as compared with other States, and particularly Kentucky. The operation preferred is the lateral, or if the stone be very large, the bi-lateral—the neck of the bladder being distended with the bistoury.—*Chicago Medical Journal.*

Resignation of Dr. George B. Wood.—We understand that our announcement of the resignation of Dr. Wood of the chair of Theory and Practice of Medicine in the University of Pennsylvania, has been misapprehended in some quarters. Dr. Wood expects to give another course of lectures on his branch at the University the coming winter, and retire from the chair at the close of that course, which will give the faculty ample time to make choice of a successor.—*Med. and Surg. Reporter.*

Professor Mott.—On Wednesday, June 1, in the operating-room of St. Vincent's Hospital, our great surgeon tied the common carotid artery, for the *forty-sixth* time, in the human subject. The operation was for fungoid disease of the left side of the face in a private patient, for which, on the 5th of October, the Doctor performed a similar operation on the diseased side, which produced only partial diminution of the tumor.—*N. Y. Medical Press.*

A New Medical College in Mobile.—The *Medical and Surgical Reporter* states that steps are on foot to found a medical college in Mobile, Alabama, and that Dr. Nott, of that city, will soon leave for Europe on business pertaining to the enterprise.

Communications Received.—Use of Tonics in Illinois.—Successful Operation for Vesico-Vaginal Fistula at the Hopital Necker in Paris.—Removal of a Tumor in the Neck.

MARRIED.—In this city, 9th inst., John H. Dix, M.D., to Miss Helen Pelham Curtis.—At Almonte, C. W., 10th inst., William Henry Hurd, Esq., M.D., of Carleton Place, to Miss Rosalind Rosamond, of Almonte.

Deaths in Boston for the week ending Saturday noon, June 11th, 52. Males, 27—Females, 25.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 8—convulsions, 2—dropsy, 2—dropsy in the head, 4—infantile diseases, 5—epilepsy, 1—scarlet fever, 1—disease of the hip, 1—homicide, 1—disease of the heart, 2—hemorrhage, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—congestion of the lungs, 3—disease of the liver, 2—old age, 1—disease of the spine, 1—suicide, 1—tumor, 1—unknown, 1. Under 5 years, 17—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 15—above 60 years, 3. Born in the United States, 39—Ireland, 10—other places, 3.

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No. 21.

PURE AIR AND PURE FOOD—THEIR CONNECTION AND RELATIONSHIP AS AN ITEM IN DOMESTIC ECONOMY AND HYGIENE.

BY E. W. BLAKE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THAT pure air and pure food are essential to health, no one will deny; but trite though it be, the dogma will bear repetition. Theoretically right on the importance of ventilation, is not our community still practically at fault in failing to bring to bear all the means and appliances for securing it? And after all there has been written on the "chemistry of food," and its practical application to cookery, has there been that advancement in this branch of "art" which the real interests of mankind require? Change is not always reform, nor is progress necessarily improvement. We would not indeed go back to the wide-mouthed chimney, down whose ample flues the stars gazed smilingly on the broad hearth, high piled with its load of blazing wood, whose sweeping draught of air sucked in so largely of the pure breath of heaven; but why, in our furnace-heated homes, need we, as is too often done, shut up the chimney's narrow throat, close every vent, and make the rooms air-tight? Pure air a blessing! And you believe it? Take down, then, those double windows, or remove those sand bags from over the narrow chink between the sashes; *unlist* those doors, and let Æolus and Boreas blow in with welcome.

Fuel-saving is a Christian virtue in the household creed, and where our mothers baked in huge brick ovens, nor spared the wood; or before the glowing embers in *tin-kitchens* did their roasting, we, wiser grown, discard the latter process, and bake our meats shut up in iron walls, and burn out their juices with the red-hot anthracite.* A range oven and the one of olden time—how wide the difference! Has progress been improvement here?—hygienically, we mean, of course.

* The latest patented "Double Oven Beauty Cooking Range" is advertised to "do the continuous cooking for the entire day with one hod of coal." True, it is not stated how large the hod must be.

We are here reminded of, and must refer to, an editorial in a late number of the JOURNAL, respecting "Sanitary Conventions." With the sentiments therein expressed we heartily sympathize, trusting that the "Sanitary Code for Cities" may here and elsewhere become the subject of municipal enactments. Its provisions are admirable, as you say, and "we may well rejoice that the spirit is at least born into our republican atmosphere, which has long lived, flourished and meted out justice among the people of older countries." Why should the freedom of our land give immunity in the matters of house drainage and public markets from police surveillance, if upon them depends in any degree the purity of the air we breathe, and of the food we eat? And this brings us back *à nos moutons*. With pure air in our dwellings, and pure food filling our larders, have we yet secured the best means of preserving it? Is not the former an important element to this end? We shall presently see. It is not the adulterator's art only we have to fear, for there are other sources of sophistication than those which human agencies adopt. Our climate, though we boast of its salubrity, tends during the heat of many weeks (and on that season we have just entered) to induce, by its hygrometric condition and elevated temperature, speedy decomposition. Decay, the universal law, comes into play, as the life principle ceases. It seizes all our esculents alike, differing only in degree and form. Fish, flesh and fowl soon "smell to heaven." Vegetables wither and decay; fermentation and mould attack our fruits; and last, but by no means least in importance, milk, "that model of what an alimentary substance ought to be," upon which so much depends—whether as an ingredient in the many luxuries of adult years, or of infancy the very *pabulum vite*—is subject to "changing," which carries disappointment into the dining room and dismay into the nursery. A condition of *agalacty* is at times a sore trial in the latter department, and any means of keeping this "prototype of nutritious matters in general," intact and pure, should be eagerly sought after. So many infants at the present day fail to derive a supply from the maternal source, that its preservation is hygienically important.

Our fathers sought *refrigeration* in the dark cellar and in the cool, deep well. Ice, though indigenous with us, has not been *cultivated* till these latter days, but has now become a universal luxury, and necessity as well. Refrigeration by its instrumentality is the great preserver, but, as now employed, does it not fail to secure, as regards length of time and contamination, the end in view, beyond the limit required by science and philosophy.

That modern device, the refrigerator, is now a household institution in our land. Without condemning it *in toto*, we would question the *salubrity* of the air-tight provision chamber common to most of them; we say air-tight, for this seems to be a point made prominent in commendation of some of them, or at least their ice-

preserving qualities are urged. Ice-saving is another cardinal virtue in the domestic creed. But may it not be an unwise economy? To make cool and keep it so, and shut up the body of air within it, is the aim; but beyond a certain point, or time, cold damp air (as this must be), thus confined, fails to preserve. An article of food of the temperature it would be in summer, deposited within, receives the moisture by precipitation on its surface, and this promotes decomposition.*

On the other hand, and here comes *our point*, a gentle and uniform current of dry and cool air passing through the provision chamber will ensure the prevention and even arrest of decomposition. *Ventilation*, then, should be the end sought in constructing a refrigerator, and this by no means involves a waste of ice. What though it may beget an increased consumption of this abundant article—its compensation for this will come in the shape of increased purity and flavor of food and fruits, and their consequent greater healthfulness. It is allowed by close observers, that provisions are rendered unwholesome by being kept in a receptacle in which the air is not constantly and effectually changed, and the health of individuals has no doubt suffered in consequence. Most refrigerators, though under the supervision of careful housewives, *do* acquire a musty and offensive smell, a pretty sure indication of their pernicious tendency. That these are facts, and appreciated as such, is manifest from the further fact that trials have been made to improve in their construction, by introducing the appearance, certainly, of an attempt at ventilation; some plausible, perhaps, and others sufficiently amusing.

In one, a perfect change of air involves too warm a temperature, and so an extravagant waste of ice.

Another, which has met with some success, in contradiction to natural laws, is based on the idea that cold air, introduced at the bottom of a chamber, will rise and pass off at the top, without rarefaction. An equilibrium is soon established in this machine, and ventilation ceases.

Another, with a hole in the top and no inlet for fresh air, depends on warm food to start the current, &c.

Still another, air-tight, has a scheme, by a peculiar arrangement of the ice, for keeping up a revolving current; not of fresh air, but of that already impregnated with the exhalations from the multifarious articles deposited within its food chamber. But the revolution of foul air ceases as soon as the temperature of the whole interior becomes uniform.

How, then, is ventilation to be obtained? how produced, a circulation entirely automatic, which shall secure a uniform temperature, with a constant and regulated supply of cold air, with escape

* Such an arrangement may answer when it is intended to keep food and luxuries from meal to meal only, but beyond this they fail, as your own experience must have taught you.

of the air which has become impure by contact with the provisions? Simply by the application of well-known natural laws.

There has recently been brought before the public a refrigerator which combines all the qualities to be desired, constructed on sound principles of philosophy, and practically as well as theoretically right. A diagram of it would exhibit a fine illustration of scientific ventilation, and as such it has been introduced by Prof. Silliman, Jr., into his new work on Natural Philosophy.* The air within the ice chamber, which is situated above that for provisions, becomes chilled, and its gravity consequently increased, by contact with the ice, and descends into the provision chamber. This is followed by fresh air from without (by means of a register properly arranged in the front wall of the ice apartment), which enters, is chilled and falls from the same cause. The weight of a column of chilled air within the refrigerator is consequently greater than that of a column of air of equal height outside the refrigerator. The communication with the outside air is effected in such a manner that the weight of the column of air between the provision chamber and the registers of escape (placed in the sides) is slightly less than that of the column in the chamber, and hence there is a constant pressure within, which causes the air which has been in contact with the provisions to escape gradually and continuously.

Thus much for the ventilation, and now as regards the *quality* of the air. The current of air once secured, and we have that other important preservative element, dryness. Warm air saturated with moisture, as it is in summer, on coming in contact with ice will deposit its moisture and become dry. Such air passing over moist meats or fruits will dry and thus preserve them, for in the absence of humidity, the changes which decay requires go forward slowly.

At 80° , the air has a capacity equal to over ten grains of water in each cubic foot; at 40° , this capacity is reduced to three grains, and at 45° it is only one third what it is at 80° † According to Silliman, the temperature of the food chamber in this refrigerator averaging 44° to 45° , it will be seen that it affords a "climate" in which all articles of provision will keep sweet in the warmest weather, and for an unusual period; for, as has been shown, we have *uniformity* in the cold, dry current, and this is important to prevent decay. Variations of temperature expand and contract the tissues and finally rupture them, and mingle together juices which tend to fermentation and decomposition.

It only remains for us, Messrs. Editors, to apologize for pre-

* Silliman's *First Principles of Philosophy*, 1859. See page 428. After describing the modus operandi of this refrigerator, he says of it as follows: In this way a gentle current of about 45° F. is steadily maintained as long as the ice lasts, and being dry, articles of food are preserved sweet and free from mould for a long time.

† The refrigerator alluded to, whose good qualities we so highly commend, having tested it in our own household, is Winship's (the name is suggestive of ventilation) Patent Upright Self-Ventilating Refrigerator. It is manufactured and sold in this city by Messrs. C. D. Kellogg & Co., No. 51 Water Street.

suming to ask so much space in your pages. For ourselves, we deem the matter of sufficient hygienic importance; how others may view it, we do not venture to suggest. Hygienically, the purity of food, and economically, its preservation, are points of universal interest. As guardians of the public health, the medical profession should be ever ready to promote it, by bringing to notice any process or means by which it can be advanced.

Boston, June 7, 1859.

SUCCESSFUL OPERATION FOR VESICO-VAGINAL FISTULA, BY
THE "BUTTON SUTURE," AT THE HOPITAL NECKER, PARIS.

BY WM. R. WHITEHEAD, OF VIRGINIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of vesico-vaginal fistula has, of late, been the object of important publications. It is not until recently that attention has been called, in France, to a peculiar mode of operation, which is of American origin, and which is destined to supersede the most reputed procedures hitherto known in Europe. M. Jobert de Lamballe had, until recently, been regarded by many surgeons on the continent, and is still regarded by the majority of French surgeons, as the most imposing authority upon this subject. M. Jobert still adheres to his own method of treatment, apparently unaware of more important and eminently more successful procedures, adopted and performed with the most satisfactory results in England, Germany and America. It is, however, gratifying to know that the American method is encouragingly received, and fully appreciated by a few of the most distinguished of French surgeons.

It is pleasing to learn that the subject of vesico-vaginal fistula has long since occupied the attention of American surgeons; and that finally America proudly offers to the old world an effectual cure for one of the most loathsome of infirmities.

The most important discoveries are not always the result of hazard; but frequently, on the contrary, the fruit of long, patient and painful study. Nor are they always exclusively attributable to the efforts of one person; often, many successive degrees of improvement, and the combined efforts of several, being necessary to produce a result. Such even appears to have been the case with regard to the history of vesico-vaginal fistula in the United States.

According to Dr. Bozeman, Dr. Mettauer, of Virginia, was the first to use metallic ligatures; employing interrupted sutures made of lead.* Dr. Hayward, of Boston, was the first, however, to give an impetus to the practical study of this subject. The important suggestions of Dieffenbach, Lallemand, and M. Laugier,

* Remarks on Vesico-Vaginal Fistula, p. 10.

imperfectly understood in Europe, and altogether lost to science, were, fortunately, duly appreciated and successfully applied by Dr. Hayward. More recently, the names of Drs. Sims and Bozeman have become connected in a prominent manner with the history of this affection. It is far from my object to enter into a critical appreciation of the works of either of these gentlemen. Such has already been efficiently undertaken by M. Verneuil.*

The name of Dr. Sims is intimately connected with the history of vesico-vaginal fistula. The employment of silver sutures is his just title to a high rank among modern inventors. It was, however, reserved for Dr. Bozeman, of Montgomery, Ala., to complete the improvements of Drs. Hayward, Sims and others, by means of the button suture. A visit of Dr. Bozeman to Paris, in November last, was the occasion of eliciting the attention of a few French surgeons to the treatment of vesico-vaginal fistula, according to the most improved American method. Dr. Bozeman demonstrated his operative procedure at the "Ecole Pratique," in the presence of M. Nélaton and others. Soon afterward, at the solicitation of M. Robert, Dr. B. performed the operation at the "Hotel Dieu," with entire success. Since then, no French surgeon had until recently performed the operation. M. Follin, surgeon to the "Hôpital Necker," has been the first to take the initiative step; and the following account of the patient operated upon, having been found to be strictly correct, I am induced to solicit its publication; more especially, as it marks the history of the American procedure in France.

CASE.—The patient, Mary Sauvage, occupying the bed No. 10, "Salle St. Marie," at the "Hôpital Necker," entered the service of M. Follin upon the 16th of March last; 36 years of age; profession that of seamstress; been residing in Paris for the last four years; originally from Bordeaux. Her place of residence in Paris was "Rue de la Michaudiere, No. 15."

The catamenia made their appearance at the age of 11; has always menstruated regularly and abundantly.

Hygienic antecedents more or less favorable; not so favorable since her residence in Paris. She has suffered from privations; had typhoid fever several years ago; never had leucorrhœa; no diathesis, no diseases of early youth tending to impart a special character to the complaint for which she is at present being treated, or which would tend to modify the nature, or retard the union, of the parts.

The patient has been pregnant only once, which was about four years ago; was delivered of a very large child after a long and difficult labor. The head of the child was retained six hours in the inferior strait; after the delivery of the head, the shoulders were retained three hours in the same position which the head had

* Voir *Gazette Hebdomadaire*, Nos. 1, 4 et 8, des mois de Jan. et Fév., 1859.

so long occupied. The patient states that proper aid was not procured until a late hour after she was taken in labor; and that finally, upon the arrival of a physician, instruments were resorted to, in order to effect her complete delivery; for this purpose the physician making use of the hook ("crotchet") to disengage the shoulders. The parts about the vulva appear to have been much swollen, and inflamed to such an extent, during the few days which followed her delivery, that the attending physician greatly feared gangrene of the parts. Lochia continued long after delivery—were fetid and purulent.

It was not until forty days after delivery that the patient was conscious of not being able to retain her urine—it constantly dribbling away. Two months after she first observed these signs of her infirmity, she was operated upon, by M. Follin, according to M. Jobert's method.

M. Follin states that the edges of the fistulous opening were slightly indurated; with this exception, the fistula presented the most favorable appearance. The sutures were removed four or five days after they were applied, and but a very short time after the operation the patient experienced a loss of urine, which was the signal that the desired result had not been obtained. The edges of the remaining fistulous opening were cauterized with the actual cautery, and with nitrate of silver.

Patient retained her urine somewhat better afterward, and especially while in the recumbent or sitting posture. Patient remained in bed after this operation about four months, and during this time continued losing her urine—so whatever may have been the result of the operation, she remained with her infirmity, and seems not to have demanded a second operation until recently.

Since the patient's entrance into the Hospital, she has been subjected to a preparatory treatment; being placed upon tonics (iron, quinia). From certain cutaneous manifestations, which appeared to Messrs. Follin and Lenoir to be of syphilitic origin, they were induced to subject the patient to an anti-venereal treatment.

The patient is well formed, rather spare, of medium size, nervous temperament; presents no complications of an organic nature. Slight loss of appetite.

April 28th.—This morning M. Follin proceeded to perform the operation for vesico-vaginal fistula, according to Dr. Bozeman's method.*

The fistulous opening, of an elliptical form, was situated horizontally upon the anterior superior part of the vesico-vaginal septum: the superior edge of the fistula being about one half an inch below the anterior lip of the os uteri. The size of the fistula could be represented by an ellipse, whose longest diameter equals about an inch and a half; and whose shortest diameter would be

* See Remarks on Vesico-Vaginal Fistula.

estimated at something less than three quarters of an inch. The opening of the fistula was more or less regular; presenting no notable induration—no swelling—no lividity of its edges.

The patient was placed upon her hands and knees, these last sufficiently apart; the body inclined downward and forward, its axis forming about a right angle with that of each thigh.

The peculiar semi-cylindric speculum was introduced, and its convex surface applied to the posterior wall of the vagina; it being maintained firmly in this position by an aid, while the anterior wall of the vagina and the fistulous aperture were exposed to view, and immediately before the eyes of the operator.

M. Verneuil was present at the operation. M. Follin performed the paring of the edges, bevelling them off at the expense of the vaginal surface, but not to the same extent that Dr. Bozeman is in the habit of doing.

This stage of the operation lasted about three quarters of an hour. The fatigue of the patient was such that M. Follin deemed it necessary to give her a short interval of repose: she was accordingly placed upon her side, and indeed a part of the paring of the edges was performed while in that position. The former position being resumed, the passage of the ligatures commenced.

M. Follin judged proper to pass the silver wires without having recourse to the silk threads destined to facilitate their passage. For this purpose the suture needle was directly threaded by the silver wire, and more than half of the wires were thus passed; but the pain that the patient experienced, and the dragging through the tissue, which was occasioned, determined M. Follin to have recourse to the previous passage of the silk thread, in order to pass the remaining wires. Nine distinct stitches were required.

The edges of the fistula being drawn together by a certain traction upon the wires, and adjusted by means of the instrument employed for that purpose, the placing of the leaden plate or "button" was performed. To effect this object, the button was properly shaped, and perforated with a single row of holes, corresponding in number to the number of stitches previously made. The button was then placed upon the wires; its concave surface corresponding to the vaginal surface of the vesico-vaginal septum. Its close adaptation was effected by means of what Dr. Bozeman calls his "button adjuster." Small cubic pieces of lead, perforated, were then passed down the wires and crushed; the wires clipped—their extremities turned down, and the operation terminated.

The operation lasted about three hours, and immediately afterward the patient was transferred to a bath, in which she remained one hour. She was then put to bed, and the "self-retaining catheter" placed in the bladder.

Patient experienced considerable pain during the afternoon of the day on which she was operated upon: received a soothing

draught containing opium. On the following day she voided a quantity of bloody urine—it passing through the catheter.

The first and second days after the operation, the catheter was removed and cleaned, but there were a few days during which its removal and cleaning were irregularly attended to.

Injectations were made daily into the bladder; after the second and third days, bloody discharges of urine ceased. No fever; no abdominal pains; no colic since the operation. Takes light food, but experiences want of appetite. The patient takes, every day, a draught containing about one grain of opium; this being given with the object of preventing an evacuation from the lower intestine.

May 3d.—The quantity of urine which the patient passed during the previous night was considerable; and it was evident that all, or very nearly all, had passed through the catheter. M. Follin made two injections of water into the bladder. For this purpose, he made use of a flexible gum-elastic catheter, inserting it gently and gradually (it having been oiled,) between the walls of the urethra and the sides of the “self-retaining catheter,” this last remaining in the position in which it had been previously placed. General condition of the patient good.

4th.—General condition of the patient continues to be very favorable. M. Follin pronounced the parts to be doing well; this was ascertained after a slight examination of the parts—the patient remaining upon her back. Through a misunderstanding the catheter had not been removed and cleaned as often as it should have been. M. F. called particular attention to it; distention of the bladder being much apprehended.

7th.—The catheter was removed and cleaned by M. Follin. The eyes of the catheter were obstructed by abundant deposits of insoluble phosphates. Cl H. was used to dissolve them, so thickly were they incrustated upon the catheter.*

No escape of urine except through the catheter, or between the catheter and the walls of the urethra. Every thing goes on perfectly well since the 4th of May.

9th.—The patient had a hæmorrhage from the bladder this morning; which, however, did not prevent M. Follin from proceeding to remove the suture apparatus. The patient being again placed in the position in which the operation was performed, he detached a portion of the shot, divided the button into two nearly equal parts, one of which still remained adherent to the vesico-vaginal septum. He then detached the remaining shot and piece of button in the same manner as he had previously done with the first, with this exception, that it also was divided into two pieces.†

* Sometimes deposits occur about the edges of fistulæ of long standing.—*Voir Dict.*, in 30 vols. Art. De Bérard.

† The little crescent-shaped pieces of lead employed by Dr. Bozeman for running down the wires, and after being crushed, retaining the button in its place, had not been employed in this case.

The wires were then withdrawn, one after the other. The surface of the parts was found to be somewhat irregular; but the union is complete.

11th.—Patient voids all her urine through the catheter. She is doing well.

13th.—Every thing indicates a radical cure of the fistula. Slight vaginitis; injections into the vagina of a solution of aromatic wine.

16th.—Examination of the parts; the patient may be considered as cured of her fistula.

Paris, May 20th, 1859.

TUMOR IN THE NECK.

BY P. W. ELLSWORTH, M.D., OF HARTFORD, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

In January, 1859, I was consulted by D. Cudworth, Esq., of this city, respecting a tumor on the left side of the neck. The growth, commencing one and a half inches below the left ear, extended downward, covering the track of the great vessels for the space of about three inches. It measured about two and a half inches by three, and was proportionally prominent. It had always been free from pain, otherwise than that produced by pressure. Whether the mastoid muscle was involved in it, or covered it, could not be easily determined, though it appeared to extend somewhat over the outer portion, as though the tumor endeavored to burrow under it. The carotid artery could be partially pressed inward from the tumor, showing that it was overlapped at the lower portion; at the upper part, however, there was a fixed condition, no separation could be effected, and deep attachment was feared. The period of growth had been some three years, the tumor increasing slowly, and progressing downward from under the chin; the point where it seemed to arise was near the sub-maxillary gland; latterly, however, no connection with this was suspected.

The precise character of the morbid mass was not easily ascertained; it had a slight feeling of fluctuation, yet appeared quite as much like steatoma. It might perhaps be an enlarged cervical gland. Mr. C. had been seen by some of the most distinguished surgeons of the country, among them Dr. Mott, of New York, and others in Boston and Providence. The unanimous opinion of all,

M. Follin employed, as I have previously stated, small cubic pieces of lead, perforated. The curved scissors were not used in detaching the shot, but straight-pointed scissors; and I am induced to believe, that had the little pieces of lead in the form of a crescent been employed, the curved scissors would have been rendered easy of use, and the removal of the shot somewhat facilitated. However this may be, M. Follin's efforts were crowned with success, and he has the merit of being the first French surgeon to perform the American method; and from the success of this operation and that performed by Dr. Bozeman at the "Hotel Dieu," in the service of M. Robert, dates the history in France of the most approved American procedure for vesico-vaginal fistula.

was, that though probably non-malignant, it should be removed, but its exact character was not positively determined. Exploration was not made, as the removal was fully resolved on, the mass having begun to press rather inconveniently upon the larynx.

At the request of the patient, Prof. Knight, of New Haven, was present, and aided in the operation, which was performed on the 12th of May; Dr. Tremaine, of this city, also gave me his assistance. No anæsthetic was resorted to, the patient expressing himself as possessing sufficient fortitude to bear all that was necessary. The restlessness which ensues from the use of such agents might also impede the operation, and the obstruction of respiration dilate inconveniently the jugular vein, which evidently was closely connected with the tumor.

An incision was made, extending over the long diameter of the swelling, about three and a half inches in length, and parallel with, and two or three lines anterior to, the inner edge of the mastoid muscle, dividing the superficial layers, including the platysma myoides. It was found that the tumor was much deeper, it being necessary to go through the cervical fascia, then layers of muscular fibres, apparently portions of the mastoid muscle spread out. Several layers of fibrous or cellular fasciæ were passed before the body of the tumor could be clearly reached. The sheath of the great vessels was laid bare to the extent of perhaps two inches, and had apparently grown to the tumor from pressure, so that the line separating the two could be determined only with difficulty. The mass was separated to a great depth in the neck, and appeared to spring from a pedicle the size of the thumb, extending inward nearly to the cervical vertebræ. As this foot-stalk could not be completely removed at its base, a ligature was thrown around it at the lowest practicable point, and firmly tied; the bulk was then cut off. The tumor proved to be encysted, and contained a fluid somewhat thicker than that usually found in hydrocele.

The origin of the morbid growth was evidently deep behind the pharynx, and every traction upon it, in the attempt at removal, seemed to be dragging at the roots of the tongue. Violent pain was also felt in the left arm from stretching the cervical plexus. The tumor had shot out between the muscles of the tongue and pharynx, and those arising from the spine, and had insinuated itself between them, until it reached the cervical fascia, where it spread out beneath into a head, as it were, very tense, and carrying before it the fascia joining the muscles, and apparently distending the fibres of the inner edge of the mastoid. The patient supported the operation with resolution. The night after the operation Mr. C. suffered much from the ligature on the pedicle, and the next day there was great tumefaction of the parts around the wound, huskiness of voice, and almost aphonia; deglutition was also excessively painful and difficult, owing to inflammation extending to the larynx and trachea. The pain seemed to pene-

trate through, and was nearly as severe on the right side of the neck as on the left, showing the great depth of the pedicle. Inflammatory symptoms were subdued by pulvis antimonialis and nitrate of potash, with lotions of lead water and laudanum. A poultice after the second day seemed to afford great relief, together with full anodynes. Suppuration became free in three or four days, and it was found necessary to resort to diffusible stimulants and cinchona, as the pulse became feeble and sweating profuse. Under this treatment the swelling subsided in about ten days. Improvement was now rapid, and the patient was able to resume business some days before the ligature came away, which was on the first of June. The wound assumed a great tendency to close, even before the remnant of the pedicle was fully removed.

June 13, 1859.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 28th.—*Encysted Tumor of the Labium.* Case reported by Dr. CABOT, who also exhibited a drawing by Dr. L. M. SARGENT.

The patient, E. S., Irish, aged 32, entered the Hospital Feb. 24th. Five years before, a small hard swelling appeared in the centre of the right labium, which gradually increased in size, but without pain. A year after, it had attained the size of a hen's egg, of which size it remained until about three weeks ago, when it became tender, and a physician was applied to, who ordered a wash for it. Two days after, it began to increase rapidly, and to become softer. At the time of entrance to the Hospital, it was as large as the two fists, occupying the entire labium, and soft, fluctuating and tender. Three days after, two or three dark spots appeared on the surface, the skin of which was very thin, as if the contents were about escaping.

Dr. Cabot made an incision on both sides of the tumor, and had nearly dissected it out, when the walls burst, and the contents escaped. It proved to have been filled with a very dark fluid, which seemed as if almost decomposed. About twenty ounces escaped.

The sac was dissected out as far as possible, and the edges of the wound brought together and secured by sutures.

[The patient did well until March 1, when erysipelas made its appearance. The parts were painted with iodine, and four grains of quinia ordered to be taken every five hours. The disease, however, two days after, appeared in the face, obstinate vomiting came on, and she died on the 11th of March.]

MARCH 28th.—*Pyloric Valve.* Dr. JACKSON showed a dried specimen of the pyloric valve, remarking upon its resemblance to a thin diaphragm with a large central perforation—a point of anatomy which he had not before observed, although it had been sufficiently described by others.

MAY 9th.—*New Operation for Stone.* Dr. H. G. CLARK read the following extract from a letter dated Paris, Oct. 23, 1858.

"You may perhaps be interested in hearing the particulars of a very curious operation for lithotomy, which I saw performed by Chassaig-nac three weeks ago. The patient, a thin, nervous-looking man, had been long subject to stone, and had had lithotripsy performed several times. Of late he had suffered very severely, and was rapidly losing flesh. Chloroform having been administered, a deeply-grooved staff, as large as a lithotrite, was passed into the bladder. The finger passed into the rectum readily felt the staff beyond the prostate, and a recto-vesical trocar and canula were introduced into the bladder precisely as in the operation for retention of urine. The point of the trocar then, having passed into the bladder, became engaged in the groove of the staff, and was made to glide along over the prostate until it emerged through the urethra, outside of the sphincter ani. The canula being left in place, a string was passed through it, and thus the chain of the ecraseur; which, on the withdrawal of the canula, was attached to the body of the instrument, and slowly tightened. The ecrasement occupied about four minutes, the movements being made very slowly, and when a complete division of the parts had been made, two large calculi were readily extracted. No vessels were secured, but there was neither then nor subsequently any hæmorrhage. At the end of two weeks the patient had complete control over the sphincter ani, and the wound has now almost entirely healed. This is the first time the operation has been performed here.

"If I can obtain any printed account of the operation, I will send it. It will probably give you a clearer idea of it, than this very imperfect sketch.

Very respectfully yours,

HASKET DERBY."

MAY 9th.—*Unusual Nervous Phenomena dependent upon Inflammation and Abscess above the root of the left upper anterior molar tooth; the antrum probably involved.* Dr. MORLAND reported the case, as follows:—

"On the 19th of March, at 9 o'clock, P.M., I was called to visit W. E., a young man somewhat over 20 years of age, who was apprehensive that he had erysipelas of the face. On examination, a circumscribed swelling, of a stony hardness, was perceived upon the left cheek, principally covering the antral region. From this point, a degree of diffuse swelling extended upward and involved the eyelids—nearly closing the eye. There was a dark-red suffusion of the integument of the affected parts, and which, amongst friends and casual observers, might well enough have induced the suspicion of erysipelas. There was also a great deal of heat of the surface—but no tingling, smarting, nor pain of any consequence. The most striking phenomenon was an involuntary jerking, twitching, and, at times, an entire lifting of the head and upper portion of the body from the pillow and mattress on which he lay. Occasionally, the legs would be suddenly and forcibly thrown forward and upward—the feet flinging up the bed-clothes violently. The patient was perfectly quiet in the intervals of these spasmodic accessions; and when they supervened, although entirely conscious of them, he was unable to restrain himself. No pain accompanied the abnormal muscular action; indeed he nearly always smiled at these times, as if aware that there was something ludicrous in his appearance.

"He was at once assured that he had not erysipelas—at the pros-

pect of undergoing which complaint he had been greatly alarmed. On questioning him as to the state of his teeth upon the affected side, he said several were defective—and, on inspection, not only was this found to be the case, but a false tooth was discovered, which the patient stated had been fastened, two or three days previously, by means of a wooden peg, into the root of the anterior molar—the latter having been drilled for the purpose. The original tooth, partially decayed, had been broken off by some hard substance the patient was biting.

“I advised the immediate removal both of the false tooth and the root which supported it; but to this Mr. E. would not then consent, being very anxious to retain both if possible. Frictions over the left cheek and around the temple, with warm laudanum, were directed, together with a hot foot-bath. Twenty drops of laudanum were administered internally, as he ‘could not sleep for the twitching.’ A brisk cathartic was also ordered to be taken in the morning. The pulse was quick, sharp, and about 100 in the minute: the tongue was covered with a thick, white, pasty coat, and the breath was very offensive. Costiveness had long been troublesome. The patient was restricted to gruel and cool drinks.

“The next morning he was better, but the local appearances were the same. He thought the spasmodic movements were somewhat less frequent, and that his face felt ‘less stiff.’ I noticed, however, during the fifteen minutes, or thereabouts, occupied in my visit, several convulsive motions of the facial muscles, and two or three times his head and shoulders were quickly and completely raised from the bed, as on the previous evening. I observed that the intervals between the attacks were obviously lengthened when the patient’s attention was closely engaged by conversation; and he had himself remarked the same thing. There was not, however, complete cessation of them at such times.

“The patient allowed me, at my second visit, to remove the false tooth from the root, but was very tenacious as to keeping the latter in place, against my earnest remonstrance, and notwithstanding he was told that pus was undoubtedly pent up above the root, and very likely within the antrum—the dangers of maintaining which condition were fully represented to him. He persevered in this course for three days longer; when becoming annoyed at the persistence and increasing frequency and violence of the nervous manifestations, and beginning to feel a deep-seated, throbbing pain in the region of the antrum, he consented to have the fang removed. This was done by the dentist who had set the tooth, and with the patient under the influence of ether. No pus followed the extraction of the root, but, on perforating the socket of the tooth, a very large amount gushed out, and continued to flow freely for some time.

“It seems nearly certain that the antrum contained the most of the matter; there was, throughout, every indication of its being affected. The position of the tooth-fang is also corroborative. Whether the pressure of the pus upon those branches of the superior maxillary nerve which ramify upon the inner wall of the antrum, was the cause of the spasmodic muscular efforts mentioned, is a question which physiologists may possibly determine.

“The symptoms all subsided rapidly, after the evacuation of the purulent collection.”

MAY 23d.—*Croup; Tracheotomy; Death.* Dr. PARKS reported the case.

The patient—a female infant, 19 months of age—had been rather feeble from birth. Dr. P. was summoned to her May 19th, 1859. He found her asleep, and snoring heavily. Both tonsils were enlarged. The left one was the most so, reached across nearly to the uvula, and was covered with a thick brownish white coating of lymph. The fauces could not be seen. The patient had been pretty much in her present condition for over a week; i. e., she had breathed stertorously while asleep, and freely while awake; and in the latter state was bright and playful. At the above-mentioned date she had become hoarse, and was less playful. The tonsils and upper part of the fauces were cauterized, at once, and also a second time on that day. Muriate of iron was also given.

On the 20th, the child's condition was about the same. Cauterization was done twice.

The 21st, the child rose in good spirits from a better night than previously; but, after playing about for an hour, it appeared heavy, and its respiration became noisy and difficult. The breathing was quite croupy at intervals, in the early part of the day, and became more so, and more constantly so, as the day passed; during which the throat was cauterized with a solution of nitrate of silver four times. Iodide of potash was given hourly, and the atmosphere of the apartment was kept filled with warm vapor.

Notwithstanding these measures, the respiration became worse, and at 7, P.M., it had been for three hours highly stridulous and labored. At that hour, Dr. Cabot saw the patient in consultation with a view to tracheotomy, and, having etherized her, performed the operation. On cutting through the trachea, air did not escape from the opening, until, with a quick movement, an opening was made through the lining tube of false membrane. The opening in the trachea was made very low down. There was not much bleeding during the operation. Directions were carefully given to pour a solution of nitrate of silver (ʒij.—ʒi.) into the tube at stated intervals; to remove and clean the inner tube every hour; and to withdraw both and dilate the opening in the trachea, with forceps left for the purpose, if obstruction should occur.

Dr. P. visited the child at 10, P.M., and at 1, A.M., of the 22d, and left her doing well. At 3, A.M., he was called in haste, and found the patient dead. Symptoms of suffocation had occurred, the child had struggled violently, and the attendants had not sufficient presence of mind to withdraw the tube and dilate in season to save its life.

At the autopsy, which was made by Dr. ELLIS, the glottis appeared to be entirely obstructed by the false membrane, which extended downward nearly to the bifurcation of the trachea. The tube had apparently entered the canal of the membrane, so that a loose portion of the latter must have hung from the lower end, where it formed a kind of valve, which might close the opening during respiration. At the time of the examination, much of the membrane was detached from the subjacent surface, which was quite red.

The bronchi were free, and the pulmonary tissue was everywhere normal.

Dr. Parks took occasion to express his earnest conviction that for a considerable time after the operation of tracheotomy, there should

always be at hand some person of sufficient surgical training to be able to act promptly and efficiently in case of emergency. He suggested that the presence of a reliable medical student should be secured, to remain in the house with the patient, night and day, so long as there were danger of the tube becoming obstructed. The autopsy, in the present case, showed that the trachea was not filled up from below, and furnished no evidence of any obstruction which a skilful hand could not have removed.

Dr. WARREN and Dr. J. B. S. JACKSON heartily seconded the suggestion of Dr. Parks as to attendance subsequent to the operation, &c.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 23, 1859.

HOMŒOPATHY IN CONNECTICUT AND MASSACHUSETTS—THE DIFFERENCE.

WE have been furnished, from an entirely reliable source, with full accounts of the late proceedings in the case of Dr. J. S. Curtis, of Hartford, Conn., and which were instituted by the Hartford County Medical Society and subsequently by the State Medical Society, for alleged infringement of their By-Laws.

Before commenting upon the matter, we wish to state that we notice it *by request*, both from medical gentlemen here and elsewhere; and not because we delight in the topic or have any personal prejudices whatever. The sentiments we may express, therefore, must be understood as being directed to *the subject*—not against *individuals*. We are constrained to add, that we think the subject is one which should be considered in medical journals and by the profession generally. More especially should the medical press examine and speak in the premises, because, as we are reliably informed, the newspaper account of the procedure is a garbled one, furnished by an interested party. It is time a full and definite understanding and verdict should be had upon the points at issue. We have no need to declare our own opinions upon the general relations of Homœopathy to the profession, since we have already freely and fully done so, on several occasions, in the JOURNAL. Whatever we may now say, will at least prove that our views are unaltered.

During the session of the "Connecticut Medical Society," at its Annual Meeting, holden in Middletown, May 15th, 1859, a vote was passed, expelling Dr. Curtis from the State Society for violation of the By-Law which forbids members of the Society to hold consultation with irregular practitioners. This vote was a full endorsement and confirmation of the previous analogous action against Dr. Curtis, taken in the County Society.

Now we are constrained, with our views of the matter, to say that we think the County and State Society were abundantly justified in taking the course they did. It appears by the long and able reply of a large number of the most respectable members of the State Society to the statement of Dr. Curtis—and which were both published in the local newspapers—that Dr. Curtis had long been in the habit of doing

what the Society construes as an infringement of one of its By-Laws—viz., that which forbids consultation with “irregular practitioners.” Moreover, we are informed, in the same “Reply,” that repeated remonstrances were made to Dr. C. upon this ground—all of which he systematically disregarded. The merits of the case, then, seem to us to lie in a very few propositions; thus—Dr. Curtis voluntarily became a member of the medical associations mentioned; he bound himself, therefore, by his own free act, to observe their By-Laws; he had no right to interpret those laws for himself—every member of a Society is, on the contrary, bound to take that signification of the laws which is held by the Society at large—the universally admitted sense of the regulations, which, as a Society, it adopts. Dr. C. did *not* do this—the Societies mentioned being his judges—and bearing in mind that they alone had the right of interpretation and jurisdiction in these and similar premises—if not, of what use is a Society, and how does it protect its members? The By-Laws having been violated by Dr. Curtis, the Societies which framed them and are governed by them have the undoubted right to inflict the penalty deemed proper and just. In the case of one violation, or two, or three, even, it might be well to temper justice with mercy; but where a member shows himself determined to hold out against law and remonstrance both, there can be but one course. It will never do to have insubordination in the ranks of any army.

As for members of the community at large, or its entire body, being called to sit in judgment in cases of this nature—as some well-intentioned, but very shallow-brained newspaper editors declare should be the course—it is not only a useless, but an absurd proposition; they are not competent to decide upon the questions at issue. The arbitration is properly vested in the associations where those questions arise.

The peculiar behavior or management which constitute what the profession terms an “irregular” practitioner, the profession has a legitimate right to determine. If the medical body does not meddle with the rules, orders and general management of other organizations, and if such meddling, did it take place, would be rebuked or laughed at—why should it, in its turn, be subjected to interference and outside, *ex cathedra* opinions and decisions upon matters properly under its control alone? The people, as a body, should be content to allow physicians to legislate for themselves, and to hold their own courts when necessary, unmolested, even by comments upon subjects about which the commentators are wholly ignorant.

At other times, we have expressed the opinion that no physician who practises his profession upon the broad ground of honesty and the legitimate and earnest seeking to benefit humanity, can, in justice to his fellows of the same stamp, rightly consult with an homœopathist. And we take this ground, in the conscientious belief that the latter, who bases his practice upon an exclusive dogma, cannot practise in an enlightened and efficient manner; that he is, consequently, obtaining money under false pretences—not being a physician in the true sense, but a dogmatist, the partizan of a specious, and, in the case of homœopathy, an absurd and unreliable, as well as a partial and confined theory—for it does not merit the title of *doctrine*.

Now, as the Connecticut physicians very truly say, in their “Reply,” the public have a right to employ whatever class of practi-

tioners they choose, and also to change their physician when they like—the risk being wholly theirs, we would add. Conceding to them this right, however, how does it follow, as some would have us believe, that those physicians who repudiate humbug, should have no right to exclude those from their ranks who practise or who encourage incompetent pretension and one-sided dogmatism? The truth is, they *have that right*, and they ought always to exercise it. We honor the bold, honest and straightforward interpretation of their By-Laws, and their enforcement of them—after due remonstrance with the violator—which has characterized the movements of the two Connecticut Societies above referred to; and we could wish that Massachusetts Medical Societies might be content—yes, might dare—to follow in the steps of those of their sister State. By such a course—and we here take occasion again to say, distinctly, that we are contending against *abuses*, not condemning *individuals*—that is not our province, but the other is; and we are not afraid to avow it and act accordingly—by such a course, we repeat, honest men would be protected in their rights, quackery of all sorts would be discountenanced, and Medical Societies would wield that just power which would render them worth belonging to. We should not be obliged to sit down, cheek by jowl, with those who are glad enough to avail themselves of all our legal rights, privileges and pleasures, but who are ever ready to decry our motives, our tenets, and our practice, behind our backs. We cannot repress an expression of utter surprise at the course of any in our profession—entitled, either during a long, or for only a short period, to its honors and emoluments, and likewise, by their qualifications, to the esteem and confidence of the community—which leads them by word, look or act to countenance those whom they know are acting in opposition to the salutary rules adopted by the profession; and who also will not scruple to ridicule them for fraternizing with them. The homœopathists have a Society of their own; why do they not retire within their own party lines? Why do they still continue to attach themselves to us—their antipodes in thought, feeling and action? The reasons are sufficiently evident, to every one who is familiar with the relative positions of the parties. We need not specify them. *Self-interest* combines all the motives, in one expression.

One word before we close, in reference to a point of which a great deal is said by those who make a practice of consulting with homœopathists and other quacks—we refer to the plea of “humanity”—and which has been advanced by Dr. Curtis. It is alleged to be a very inhuman and cruel act to refuse to administer to the urgent necessities of a patient for whom the homœopathist or other empiric avows himself unwilling to attempt to do any thing more—or for whom he is not able, by reason of lack of skill or information, to undertake a surgical operation. The assertion is a *non sequitur*. If the empiric in attendance on so serious a case, acknowledges his incapacity and solicits interference, *the friends of the patient have the responsibility thrown upon them*, as we conceive, entirely. If the honest, regular practitioner, from a *bona fide* conscientiousness, does not feel that he can meet the former attendant in consultation, and the latter has admitted himself useless, the friends are to decide whether they will have their suffering charge relieved or not. They can do it, by discharging the first practitioner, who cannot be benefited by a consultation with the desired new-comer, simply because the two cannot consult—they are

wholly opposed in their remedial notions. So then, it is, and ought to be, a sort of *experimentum crucis* with the friends of the invalid—will they have the patient relieved, or will they retain the person avowedly incompetent to relieve him, and so allow him to die? We imagine that these sort of instances, when brought to this test, will be easily provided for.

In conclusion, we quote the following Resolution of the Connecticut State Society, and which, say the members who prepared the reply to Dr. Curtis, gives “a true statement of the opinion of the profession” there, and, we may hope, in many other places:—

Resolved, That it is in violation of the letter and spirit of our by-laws and code of ethics, both National and State, to hold any professional consultation, either surgical or medical, with any practitioner of any irregular sect in medicine.

This resolution, unanimously adopted, *was voted for by Dr. Curtis himself*; who, however, took upon himself to except from its provisions those homœopathists who had “received a degree from a medical college.” “But what,” add pertinently the writers of the Reply, “becomes of his [Dr. Curtis’s] excessive humanity toward those of our citizens who, when sick, are under the care of the other various practitioners in this city? His ‘humanity’ fails to reach them, for here he stands upon the same platform with us.” The same writers then go on to say that it is not one transgression of the sort specified, which would subject a member to expulsion; and they moreover aver that they never would “stand by and permit a patient to die,” if their efforts could save him. It is the “animus or spirit” which uniformly and constantly governs any physician of their body, which they regard as so important, both to the integrity of the latter and to the well-being of the community; and in this they are right, and our sympathies are cordially with them. Would that as laudable a spirit and as efficient an action ruled the councils of our own State Society, when called upon to consider and adjudicate in similar cases.

Connecticut Medical Society.—We observe that, at the late Annual Convention of this Society, the following gentlemen were elected officers for the ensuing year—they were, in fact, re-elected from last year’s board:—Dr. Ashbell Woodward, of Franklin, *President*; Dr. J. G. Beckwith, of Litchfield, *Vice President*; Dr. Geo. O. Sumner, of New Haven, *Treasurer*; Dr. P. M. Hastings, of Hartford, *Secretary*.

The meeting was held at Middletown, and appears to have been characterized by peculiarly pleasant social features—of certain of its business transactions, we have something to say in another place. From a local paper, we extract the following items.

“By invitation, the Society made a steamboat excursion, and visited the Portland Quarries Wednesday afternoon, and in the evening partook of a rich banquet at the McDonough House. The citizens of Middletown had come forward most generously, and directed the physicians of the place to make liberal arrangements for the reception and entertainment of their guests—not allowing their physicians themselves to assume any portion of the expense.

“The convention adopted resolutions expressing their gratification that the National Medical Association were to honor our State with their annual meeting in the city of New Haven in 1860, and appointed a committee of three in each county to co-operate with the committee in New Haven in making suitable arrangements for that occasion.”

The appointment of New Haven as the place for the next meeting

of the American Medical Association, will be highly satisfactory, doubtless, to New Englanders, and, we should think, to Middle States men also; and we may even hope for fair delegations from the West and South. The tenor of the Connecticut Society's resolutions is cordial, and does not warrant us in supposing that the news of the appointment "came upon the profession of New Haven like a thunderbolt"—as the rather strong phrase of our *confrère* of the *Philadelphia Medical and Surgical Reporter* hath it, in the account of the National Association's proceedings contained in the number for June 4th, 1859. At all events, the New Haven doctors do not appear to have been stunned by the "bolt"! We anticipate a pleasant meeting in the "City of Elms," in 1860, and we intend to "be there to see."

To the following query, we would reply that there is not, to our knowledge, any mode of obtaining the *London Ophthalmic Journal*, except by sending to London and subscribing. We would express the hope that its Editor may see fit to establish an agency—or more than one—in the United States.

"MESSRS. EDITORS.—Will you be so kind as to inform the readers of your JOURNAL whether the *London Ophthalmic Journal*, of which you speak so highly, can be obtained by the profession here, without sending directly to London; or, in other words, is there any American agency for its circulation? G.

Easy Method of extracting Foreign Bodies from the Eyelids.—Dr. Léon Re-nard, in a note to the editor of the *Union Médicale*, describes the following method of extracting small substances which have become lodged in the groove formed by the reflection of the conjunctiva from the upper lid to the sclerotic, and which often cannot be seen, even when the lid is inverted. The lid being seized at its angles between the thumb and forefinger of each hand, is to be gently drawn forward and downward, as far as possible, over the lower lid, and retained there for about a minute. On allowing the upper lid to return to its normal position, the flow of tears will carry off the foreign body, which will usually be found on the lower lid, or one of the lashes, or on the cheek. The writer states that he has often found this simple method of the greatest utility and convenience.

Health of the City.—Notwithstanding the prevalence of rain, with chilly weather, during the past and present months, the health of the city seems to be as good as it usually is at this season, which may be considered the most favorable in the whole year in this respect. The number of deaths was 9 less than for the corresponding week of last year. There were but 13 deaths from consumption, 4 from pneumonia, 3 from typhoid fever, 2 from scarlatina, and 3 from small-pox. The number of deaths for the corresponding week of 1858 was 65, of which 11 were from consumption, and 2 each from pneumonia, typhoid fever and scarlatina.

CORRECTION.—In our last week's Journal we located Dr. George B. Windship at Jamaica Plain. This was an error. Dr. G. B. Windship resides with his father, Dr. C. M. Windship, 89 Dudley Street, Roxbury.

Communications Received.—Effects of Consanguinity of Parents upon the Mental Condition of the Offspring.—Diphtheria in Connecticut.

Books and Pamphlets Received.—A Manual of Elementary Chemistry, Theoretical and Practical. By George Fownes, F.R.S., &c. From the seventh revised and corrected London Edition. Edited by Robert Bridges, M.D., &c. (From the Publishers.)—Elements of Medicine, a Comprehensive View of Pathology and Therapeutics; or the History and Treatment of Diseases. By Samuel Henry Dickson, M.D., &c. Second Edition, revised. (From the Publishers.)—Woman, her Diseases and Remedies; a Series of Letters to his Class. By Charles D. Meigs, M.D., &c. Fourth Edition, revised and enlarged. (From the Publishers.)

Deaths in Boston for the week ending Saturday noon, June 18th, 56. Males, 36—Females, 20.—Accident, 1—apoplexy, 1—angemia, 1—inflammation of the bowels, 1—inflammation of the brain, 1—cancer (of thigh), 1—consumption, 13—convulsions, 1—dropsy, 3—dropsy in the head, 1—drowned, 1—infantile diseases, 3—scarlet fever, 2—typhoid fever, 3—disease of the heart, 2—hemorrhage, 1—intemperance, 1—inflammation of the lungs, 4—disease of the liver, 3—marasmus, 2—meningitis, 1—old age, 2—disease of the spine, 2—smallpox, 3—teething, 1—typhomania, 1.

Under 5 years, 14—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years 12—above 60 years, 10. Born in the United States, 36—Ireland, 14—other places, 6.

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No. 22.

ELIMINATION OF LEAD FROM THE SYSTEM.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY JOHN BACON, M.D.

FOR some years past, I have had occasion to make many analyses of the urine in cases of chronic lead-poisoning. Some points, which have attracted my attention, may have a practical interest for the members of the Society.

It is not known in what state of combination absorbed lead is locked up in the tissues. An organic compound of albumen with oxide or chloride of lead may be formed; or a double chloride of lead with chloride of potassium or sodium, as was long since maintained by Mialhe. Various compounds of lead taken into the stomach, except perhaps the sulphide, are decomposed and dissolved by the alkaline chlorides normally present in the alimentary canal; and a recent analysis by Prof. Wurtz shows that a leaden bullet, which had been for many years imbedded in a cyst in the lung, was corroded, much diminished in weight, and surrounded by a crust of chloride, free from sulphate or phosphate. In that case, lead was found in the substance of the lungs and of the diaphragm. The abdominal viscera were accidentally not analyzed. The patient had hemiplegia.

Absorbed lead is diffused generally through the system, but not uniformly. The spleen contains the largest proportion, and next to that the liver. Lead also occurs in the urine, which seems to be the chief channel of elimination. When once deposited in the tissues, the metal is very slowly removed, and the symptoms continue for many months after exposure to the cause of lead-poisoning has ceased. Still, there is no doubt that in time it will be eliminated spontaneously.

In cases of lead-poisoning where I have analyzed the urine previous to treatment, but after removal from the source of the poison, lead has rarely been present, or at least so very little as not to admit of detection in the quantities of urine usually employed for analysis.

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Of late years, iodide of potassium has been much used as a means of eliminating absorbed lead, and most of my analyses have been made in cases under this treatment. Melsens, who introduced this remedy, maintained that large amounts of lead were removed in the form of iodide of lead, easily soluble in iodide of potassium, which is well known to pass off readily by the urine. At the present time, this belief still holds its ground among physicians. Yet, in the cases which have come under my notice, repeated analyses made at various periods after the use of iodide of potassium was commenced, and under large and small doses, have never detected more than a very small proportion of lead. Usually, it is more readily discovered after than before taking the iodide; but sometimes none at all can be found, when the symptoms of the case are well marked. As the processes used allow of the detection of exceedingly minute quantities of this metal, the conclusion cannot be avoided that, in cases of chronic lead-poisoning, the process of elimination is very slow, and a long time must be required to remove any considerable deposit from the tissues.

Some analyses lately made in a case at the Mass. Gen. Hospital will show this. The patient, an Irishman, 40 years of age, entered the Hospital March 9th, 1859. He has been employed in glass works for thirteen years. For the last six or seven months has worked in the *lead house* at the East Cambridge Glass Works, as a sifter of red-lead. For two or three months, has suffered from lead colic, and been under treatment at East Cambridge—taking, among other things, a few small doses of iodide of potassium. Paralysis commenced about a month before his entrance, and is rather general, though more severe in the arms than in the legs. There is no distinct wrist-drop. The blue line about the gums is evident. On March 12th, the urine was analyzed, and no lead found. Iodide of potassium was then given, at first in doses of five grains three times daily. On March 17th, $1\frac{1}{2}$ pints of the urine were tested by Kletzinsky's process. Lead was distinctly detected, but not in sufficient quantity to be collected and weighed. On March 26th, the patient now taking iodide of potassium in twelve-grain doses three times a day, three pints, being nearly the whole of a day's urine, were analyzed by the process which I usually employ. The lead was separated as sulphate, and weighed. Its amount corresponded to $\frac{57}{1000}$ of a grain of oxide of lead, a little less than $\frac{1}{10}$ of a grain to the pint. The patient has improved under treatment. In other cases, I have found the amount of lead eliminated to diminish in a few weeks under the use of iodide of potassium, until beyond the reach of chemical tests, although the paralysis has not been relieved until afterward.

In the patient above referred to, sulphide of ammonium, applied to the skin of the arm, produced a brown discoloration, from the formation of sulphide of lead. This effect is frequently seen in

patients from white-lead works and similar manufactories, where the fine dust from lead preparations is gradually worked into the exposed parts of the skin, and is difficult of removal. The effect of baths of alkaline sulphides, however, proves that absorbed lead may be deposited in the skin, and that the metal in the tissues is, to a certain extent, in a soluble form. Such a bath discolors various parts of the body, but not uniformly. The color is sometimes nearly black. When the sulphide of lead formed on the skin has been removed by repeated washing with soap and water, the brown color is stated to be again and again obtained by repeating the sulphuretted bath at intervals of a few days; showing that when the lead is removed from the skin, a new portion is brought out from the interior. I have not had an opportunity of observing the effect of a repeated use of the sulphuretted bath, but it would seem that an appreciable amount of lead can be thus eliminated.

I find, from the recently published book of Dr. Thudichum, on the *Pathology of the Urine*, that Kletzensky has noticed the very minute amount of lead eliminated by the urine. In fourteen cases of distinct lead poisoning, in which the urine of a whole day was analyzed, Kletzensky succeeded in two only in proving the presence of the metal. In the others, only a doubtful indication was obtained. In a well-marked case in London, under the use of ten grains of iodide of potassium three times a day, Dr. Bernays twice failed to find lead in the urine of twelve hours; but after administering iodide of potassium for ten days, it was present in sufficient quantity to give a copious precipitate with sulphuretted hydrogen, in the solution obtained by evaporating the urine nearly to dryness and dissolving the residue in aqua regia.

It is evident that iodide of potassium, the most energetic agent known for removing absorbed lead from the system, is far less efficient in this respect than is generally believed.

CASE OF LITHOTOMY.

[Read at a meeting of the Elmira Academy of Medicine, August 21, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY W. C. WEY, M.D., ELMIRA, N. Y.

IN 1856, Henry Smith, then 3 years old, a healthy, robust child, manifested symptoms which were supposed to proceed from the presence of ascarides in the rectum, though worms of that species had never been seen in his stools. He had frequent inclination to go to stool, strained severely while on the vessel, complained of itching and burning about the anus, and in a short time began to drag at the prepuce with his fingers, and to show signs of distress in the escape of urine. At a later period he passed water more frequently than was natural, and with an extreme degree of pain.

Still later, the discharge of urine became involuntary, so that his clothes and bed were always wet, and it seemed as if he had no power to control its expulsion, as soon as even a small quantity accumulated in the bladder. In this manner, from time to time relieved by treatment, he passed more than a year, when in September last, the presence of a stone was detected by a common gum-elastic catheter, as it was being withdrawn from the bladder. The stone was clearly and distinctly felt on many occasions, and always on withdrawing the catheter, just before the beak of the instrument escaped from the viscus, thus leading to the impression that the situation of the calculus was in the anterior portion of that cavity, beneath the pubes. Several months afterward a sound was introduced, and the stone was *delicately* felt, as the instrument glided into the bladder, but it was *readily impressed* as the sound was being withdrawn. The operation of sounding was accomplished while the boy was under the influence of chloroform. Before, in using a catheter, it was always found necessary to overcome his stout resistance, by force, though he alleged he did not suffer pain in the operation. He evidently apprehended some more serious surgical interference.

The sound, after entering the bladder (and this was our subsequent experience), could be moved in two directions only: forward and backward. It could not be made to sweep around the bladder, but seemed to be held laterally, as if it had not yet penetrated completely within that cavity. The bladder appeared to be always empty, or, to speak more correctly, it was every few minutes emptied of its contents. While the sound was being used, urine would be forced, by powerful straining, along the side of the instrument, and at the same time prolapsus of the anus would occur. Prolapsus of the anus had existed with every movement from the bowels, and with most of the acts of urination, for eight months before the operation. The presence of the stone exciting the bladder to constant contraction, thus inducing a condensed and unyielding firmness of its walls, probably proved the reason why the sound had so little liberty of motion in a lateral direction. Considering the situation of the stone beneath the pubes, and its perfect immobility, no information of the least value could be obtained respecting its size or shape; and we were left wholly to conjecture as to these important peculiarities.

On the 15th of June last, the boy being then 5 years and 3 months old, I performed the lateral operation of lithotomy, assisted by Drs. Squier, J. F. Hart and Covell. Chloroform was administered, and the patient remained insensible until some time after the removal of the calculus. An incision, a trifle over an inch in length, was made from the *raphé* of the perinæum, five or six lines above the margin of the anus, obliquely downward and to the left, midway between the anus and the tuberosity of the ischium. The groove of the staff in the urethra was readily reached,

and the scalpel was carried through the prostate gland into the bladder. Not more than a teaspoonful of urine escaped through the wound. The staff was then withdrawn, and, guided by the finger, a pair of common polypus forceps were conducted into the bladder. After a little delay, the stone was felt, occupying a position behind the pubes, and the blades of the forceps were made to grasp it. In the effort to extract, the calculus broke, and two small pieces were withdrawn. The calculus had now changed its situation, and by introducing a finger in the rectum to serve as a guide, the stone was grasped securely by the forceps, its axis corresponding with the direction of the wound, and after gentle, but persistent traction, aided by moving the handles of the forceps, perpendicularly and laterally, to enlarge the opening in the prostate, it was at length extracted. The bladder was washed out with warm water directed through a syringe, and my little finger made a careful exploration in search of another stone, but without finding one.

I endeavored, as nearly as possible, to follow the plain directions of Mr. Liston, in the successive steps of the operation.

The calculus, which is of the variety known as the *triple phosphate*, or the *ammoniac-magnesian phosphate*, weighed two hundred and forty grains. It was oval in shape, rough and shining on its external surface, and disposed to crumble or scale, but firm and dense within. It has hardened from exposure to the air.

A gum-elastic catheter was passed through the wound into the bladder, a portion cut off, leaving two inches of the tube projecting, and it was held in its proper situation by means of strings secured to a handkerchief, tied above the pelvis.

Three hours after the operation, the boy had fever, complained of pain in his head, was dizzy, and called for cold water. I ascribed the pain and dizziness in his head to the influence of chloroform. Urine was flowing freely through the tube.

Three hours later, at 6 o'clock, P.M., his fever had abated, and moisture appeared quite generally upon the surface of the body; still he was clamorous for cold drinks.

June 16th, 8 o'clock, A.M.—Passed a quiet night, crying out twice with pain in the region of the bladder. Tongue moist, skin cool, urine abundant. He calls urgently for hearty food.

6 o'clock, P.M.—Has passed a comfortable day, without a trace of fever; bowels and whole abdominal surface free from tenderness. He turns from one side of the bed to the other without difficulty, and is eager to eat substantial food. Urine abundant, and some mucus is discharged with it.

17th, 8 o'clock, A.M.—Had a good night; slept more quietly and continuously than for months before. The bed is wet, from the escape of urine through the tube, and nearly forty-eight hours having elapsed since its introduction, it was withdrawn, and in a quarter of an hour urine passed in a free stream through the ure-

thra. The bowels not having moved since the morning of the operation, castor oil was given.

6 o'clock, P.M.—The oil had operated several times quite freely; morphia in solution was given to check the discharges. He has occasional twinges of pain in the region of the bladder. In accordance with the recommendation of Mr. Bransby Cooper, in cases of a like character, I allowed more generous diet; in fact, I advised the attendants of the boy not to restrict him to any special diet, but to allow him whatever he called for, both to eat and to drink. Acting upon this suggestion, and to quiet his unceasing cries for hearty food, he ate a piece of boiled ham, with bread and butter and potatoes, and concluded the meal with strawberries. Urine escapes freely through the wound.

18th, 8 o'clock, A.M.—Slept well; early in the morning urine escaped in a full stream through the urethra; urine is constantly escaping through the wound. Suffered no inconvenience in consequence of the increased allowance of food. Cries to sit at the table and take his meals with the family. Liberal diet continued. The wound looks well, discharges urine, and is beginning to secrete pus.

7 o'clock, P.M.—Still improving; during the absence of his mother for a moment, he got out of bed, ran to another room for water, and was in the act of climbing into bed when discovered. It is extremely difficult to confine him; so much so, that one person is compelled to sit beside the bed, to keep him from running about the house.

I will not detail his progress from day to day, as it would be tedious to listen to the record, particularly as no circumstances of importance occurred until the twelfth day, when, for the third time since the operation, urine escaped through the urethra again, and the wound quite suddenly closed. Forty-eight hours after the operation, it will be remembered, a few minutes after withdrawing the tube from the bladder, he made water through the urethra. Again, twenty-four hours subsequently, he made water naturally, and not again until the twelfth day, when the flow of urine ceased wholly to take place through the wound, and passed in the natural channel, at intervals varying from one to three or five hours. During sleep it passed involuntarily until the night of the 6th of July, when the bladder was not emptied from the time of going to bed until early in the morning, on awakening from sleep. During all this period of three weeks, he was inclined, whenever the desire to make water seized him, to take hold of the prepuce and pull violently upon it, whether in the sleeping or waking state. His bowels moved regularly every day after the third day from the operation, until the fourteenth or fifteenth day, when he was attacked with diarrhoea, which continued nearly a week, reducing him in strength and weight materially. While suffering from diarrhoea, prolapsus of the anus took place, but this condition sub-

sided as soon as the discharges became natural again, and up to this time, July 14th, it has not returned. The boy appears now to be perfectly well.

After reading the above article, some discussion arose in the Academy, respecting the great rarity of calculous affections in this section of the country. This case is remarkable *chiefly*, and perhaps *only*, because it is the first instance of stone in the bladder that has ever been presented to the notice of physicians now living in this vicinity. Doctors Purdy, and E. L. Hart, the former of whom has since died, whose experience and practice in this county extend over a period of more than thirty years, had never met a like case; nor had they ever known of one in the practice of others among their associates, and it is to be presumed that this is the only example of vesical calculus that has ever had its origin in the County of Chemung.

A few years ago, Dr. Frank H. Hamilton, of Buffalo, addressed a circular to nearly all the physicians of this and the neighboring counties, making special inquiry relative to the frequency of cases of vesical calculi, within the field of their observation. Not a single instance was reported to him from this county; and in conversation with physicians from the various towns, I ascertained that such affections were wholly unknown in actual practice.

LETTER FROM PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

Audible Knockings of the Muscles—Idiopathic Tetanus—Dislocation of the Hip-Joint, unreduced for six months—Removal of the Entire Tongue—Operation for Vesico-Vaginal Fistula.

At a recent meeting of the "Académie des Sciences," M. Jobert de Lamballe read a paper, the subject of which is highly interesting, not only to the surgeon, but also to the non-professional reader. Not very long ago, this distinguished surgeon was called to visit, in consultation, a young girl about 14 years of age, who, for more than six years, had suffered from involuntary movements in some of the muscles on the outer side of the leg. These movements were characterized by pulsations or knocks, having almost the regularity of a pulse, each knock being distinctly heard at some distance, as proceeding from behind the external malleolus. A similar affection manifested itself, not long after the first, at a corresponding point in the left leg, though less intense in degree. There was pain, hesitation, and tendency to fall when walking. When the foot was extended, and on applying pressure to certain points along the course of the muscles, the patient could for a time arrest the throbbing; but this invariably produced a good deal of pain and fatigue in the limb. The parents of the girl had

become quite settled in the belief that the peculiar sounds or knocks which proceeded from the limb were the result of supernatural agency; and it was not till M. Jobert had made a careful and scientific investigation, and fully explained the matter to them, that their minds were disabused of this idea. He found that these sounds were produced solely by the rising and falling of the tendon of the peroneus brevis muscle, while contracting, or in action, and at the part where the tendon passes along its osseous groove. The involuntary character of these movements he believes to have been owing to some peculiar functional trouble of the muscular fibres or the nerves supplying them.

M. Jobert believes it possible, that, by a little practice, these knocks or pulsations, although in the case in question altogether independent of the volition of the individual, could be produced at will, and that it is to the possession of this peculiar power that the entire secret of mediums and the so-called spirit-rappers is due. These peculiar sounds, he stated, could be produced by the muscles and tendons in other parts of the body, and he related the case of a lady who could give rise to them at the hip-joint by assuming a particular position.

M. Velpeau has met with a number of instances of this character, occurring in different localities. The muscles and tendons both of the shoulder and of the leg, of the upper as well as the lower extremities, were equally capable, in rare instances, of producing these peculiar raps or sounds. Certain conjurors had been known, who could even produce a kind of harmony by a succession of knocks, in this way imitating the tune of a dance or a military march.

M. Jobert brought the history of this interesting case to a close, with a few remarks on the surgical treatment which he adopted. The medical attendant upon the girl had failed to do her any good, although he had employed a great variety of remedies, such as leeching and blistering, continued pressure over the part, &c., together with the internal use of medicines. M. Jobert treated the case as follows: he cut across and completely divided the body of the peronæus brevis of both legs, by means of a subcutaneous section; then, by means of a suitable splint or apparatus, put up the limbs so as to secure their perfect immobility. When re-union had taken place, the girl recovered the complete use of both members, and no trace of the affection has since appeared. The cure was complete and permanent. M. Jobert continued his remarks, and observed that a German physiologist, M. Schiff, whose attention had been given largely to this subject, made the discovery, some three or four years ago, as to the seat and origin of these peculiar sounds which have been so commonly attributed to supernatural agency. Observing that the sounds proceeded invariably from the foot of the bed of the individual who pretended to be influenced by spirits, M. Schiff began to question and to have serious

doubts of their supernatural origin, and was not long in concluding that they were the result of natural causes, to be accounted for and located in the body itself. From his knowledge of anatomy, he was led to think that the seat of these sounds might be the peroneal region, where there exists a bony canal or groove, along which pass the tendons of the peronei muscles. After a little practice, he was enabled, in whatever position he placed himself, to imitate all the tricks and prodigies of spirit-rappers, and he clearly established the fact that these peculiar sounds originate in the tendon of the long peroneus muscle, and moreover that they are dependent on a diminution in thickness of the sheath, or in the total absence of the sheath, of this muscle. While agreeing with M. Schiff as to the seat of these sounds, M. Jobert differs with him, as we have already seen, as regards the particular muscle producing them. The one believes that it is the peroneus brevis; the other is of an opinion that it is the peroneus longus, which is mainly concerned in their production. They differ again, on another point, viz.: the sounds or knocks observed by Schiff were purely physiological, altogether voluntary, dependent upon the will; in the case of M. Jobert's patient, the movements were of an involuntary nature, painful, consequently morbid. The subject is really one of much interest, and well meriting a further investigation on the part of anatomists and physiologists. When once the purely physical character of these sounds is demonstrated, much may be accomplished in the way of dispelling the absurd superstition connected with spirit-rappings.

During the last fortnight, we have met, at Hôtel Dieu, with an interesting case of idiopathic tetanus. This was entirely a novelty to us, it being the first example of idiopathic, in contradistinction to traumatic, tetanus we had ever seen. The patient, so far as could be ascertained, had sustained neither wound or injury of any kind—he was a gardener, and about forty years of age. Some time before the beginning of the disease, he had been exposed to cold and wet. When he came into the service of M. Grisolle, the tetanic spasms were confined principally to the muscles of the jaws and neck, and assuming the form of trismus; in a few days the spasms became more general, embracing the muscles of the chest, abdomen and lower extremities, rendering them as hard as a piece of board. Paroxysms were occasional, but not frequent, and not marked by a very great increase of pain. The symptoms went on increasing gradually until about the twelfth day, when they began slowly to give way. The treatment which M. Grisolle employed consisted altogether of opium, in large and continued doses. Each day this drug was regularly administered, to the extent of two grains of the extract. The patient got well, and was discharged about the twenty-first day.

There is in the same Hospital, in the service of M. Robert, a patient suffering from a dislocation of the right hip-joint, of six

months standing. The head of the femur is easily recognized resting in the large ischiatic notch; the limb is at least three inches shorter than its fellow. This serious injury befel him while working in the gold mines of California. The surgeons on the spot made vigorous and repeated efforts to reduce the dislocation, and similar unsuccessful attempts were made subsequently in the Hospital at San Francisco. Failing to obtain relief in that region, he came to France, his native land, in the hope of finding it here. Two attempts have already been made by means of pulleys, aided by the powerful influence of chloroform. The head of the bone was brought to a level with the acetabulum by the extension employed; still its coaptation could not be accomplished. During the operation, a force equal to three hundred and twenty pounds was used. An attempt, similar, we understand, is to be repeated in the course of a few days; but from the length of time which has elapsed since the occurrence of the accident, there is no reason to think that the surgeons of the French capital will be more fortunate than their brethren of California have been.

At the Hôpital Lariboissière, where a great variety of surgical operations generally come off on Mondays, M. Chassaignac performed, a week ago, the very serious and important operation of removing the tongue, far back, close to its base, in consequence of a cancrioid disease. The method employed was the *écrasement linéaire*—a favorite operation with M. Chassaignac, of which, as most of your readers are aware, he is the author. The poor man had been already twice operated on, but in both instances only a small portion of the tongue had been removed. The disease again re-appearing, and threatening to involve the entire organ, its complete extirpation appeared to be the only resort left, and was resolved on. Two or three days before operating, M. Chassaignac passed a drainage tube round about the base of the tongue from without, immediately above the large horn of the os hyoides, the point where the tube was introduced being a little to the right of the median line. A passage for the chain of the *ecraseur* having been thus prepared, on withdrawing the tube, the chain was placed in the right position to make the transverse section of the organ. This was accomplished in exactly half an hour; two minutes were allowed to elapse between each movement of the instrument. The chain was then passed behind the base of the separated organ, and made to embrace the muscles and tissues attached to its under surface. This second part of the operation was completed in thirty minutes more. The entire time occupied was thus precisely an hour. During all this time, the poor man sat upright in a chair, and did not evince great suffering. The quantity of blood lost was quite insignificant. We saw the patient a week after the operation, and he was in as favorable a position as could reasonably be expected under the circumstances.

On the 28th of April, the first operation in France, by a French

surgeon, was performed at the "Hôpital Necker," upon Bozeman's method (button suture), for the cure of a vesico-vaginal fistula. M. Follin, a young surgeon of great promise, who operated in this instance, with M. Verneuil, of whose interesting lectures upon plastic surgery we took occasion to allude in our first communication upon this subject, are laboring to bring the operation into notice and use in the hospitals of Paris. M. Jobert de Lamballe, who operates more frequently, perhaps, than any other surgeon in France, goes on treating these grave accidents as hitherto, just as if no better method or more successful operation was known than the one he performs. M. Follin's patient, though of a rather delicate constitution, was in good health. She was 36 years of age, and the accident occurred four years ago, in her first labor. She had been operated on already once, about three years before, by the same surgeon, but it resulted in no good. The fistula occupied a considerable portion of the bas-fond and a part of the trigone of the bladder. Nine sutures were used in the button to bring the parts together, after the edges had been carefully pared. The patient had not a bad symptom after the operation, and on the ninth day the sutures were removed, and the cure was found to be complete.

J. F. N.

Paris, May 5th, 1859.

DIPHTHERIA.

[Communicated for the Boston Medical and Surgical Journal.]

As pseudo-membranous sore throat is a subject which has been frequently referred to in medical journals of late, and has also recently attracted the attention of many of our most prominent physicians, we would briefly state that this disease appeared in an endemic form, and with great mortality, in this vicinity, during the months of March and April last.

It first made its appearance in Orange, an adjoining town (which is in an elevated situation, and is a remarkably healthy place, with only a sparse population), and for a while was confined entirely to the scholars attending a select school in the village, but who were boarding in different parts of the neighborhood. This fact, with some other circumstances, indicate, most obviously, that some local cause connected with this school was conducive to the disease.

Fourteen cases, out of fifteen of those who were first attacked, proved fatal, in periods varying from six to twenty-four days. Twelve of these cases were in three families, four in each. Five were under 10, eight were 10 to 22, and 1 was 40 years of age.

In this disease (as in other zymotic diseases the etiology of which is generally obscure), it is difficult to determine how far it could be justly attributed to meteorological, miasmatic or other causes. Most persons, however, including every age, residing in

the district where the endemic first appeared, had at different periods, and during its prevalence, symptoms of the disease, more or less severe; but those who were exposed and attacked severely (the writer among this number), in removing to another locality, suffered from only a modified and mitigated form of it—corresponding in this respect with the general law of endemics. That the disease was contagious, is a fact which, we think, must have been apparent to every person possessed of a discriminating mind, who had an opportunity to observe its peculiar character, tendency and progress. In families where several members were attacked, those last seized were found to run the most rapid and violent course, terminating, in some instances, in six or seven days; owing, doubtless, to the fact that those who were last attacked were exposed, not only to the original source of the contagion, but also to the peculiar poison generated or given off from those who were already suffering from the disease.

The period of incubation varied from five to twenty days; but in most cases a period of two weeks elapsed between exposure to the disease and its invasion.

The anatomical lesions were principally those of the lymphatic glands, especially the cervical glands, which in the most malignant cases were greatly enlarged, so as to interfere with deglutition and seriously obstruct the air passages.

The first symptom of this disease, and it is one which we have never seen referred to by any writer on the subject, was *pain in the ear*. It was not only pathognomonic, but prominent, and almost invariably present, in every case that came under our observation, for a day or two before the patient made the least complaint in any other respect, and before the smallest point or concretion of lymphatic exudation could be discovered on the tonsils or elsewhere.

To this symptom we would add, stiffness of the muscles of the neck, extreme prostration, depression of the nervous system, slight chills, increased action of the salivary glands, sore throat, tongue slightly coated in the centre and red around the margin, orthopnoea, feeble and generally accelerated, but occasionally prematurely slow, pulse. On inspecting the fauces, the tonsils were found to be red, enlarged, and inflamed, and soon small points of lymphatic exudation could be discovered on them, which would rapidly spread over the contiguous parts, until it completely covered the amygdalæ, uvula, soft palate, and the entire surface of the pharynx with a pseudo-membrane, which continued to extend upward until it closed the nasal fossæ, and downward until it invaded the larynx, where its progress was indicated by a hoarse cough, aphonia and orthopnoea, and terminating at length in secondary croup.

The appetite and digestion in most cases were unimpaired; and although typhoid fever was superadded, or ensued in one or two

instances, there was not, in any case, mental disturbance that was observable, during any stage of the disease.

In several cases petechiæ were discovered, scattered over the body and arms, in the advanced stage of the disease. This symptom, however, was not generally met with, nor was it apparently dependent upon any peculiar debility, or malignancy of the case.

The organs of deglutition being in every severe case extensively involved, dysphagia was of course a common and distressing symptom. In one case, the obstruction of the œsophagus was complete, and the patient, after having survived the primary stage of the disease, and after having given, in all other respects, a reasonable hope of recovery, sunk for the want of nourishment, and died of pure exhaustion.

With reference to the course of treatment which was pursued, it is perhaps unnecessary to say that, in a disease characterized, as this was, by such decided atony, through every stage, no depletory measures were adopted, except perhaps occasionally an emetic or mild laxative, in a few cases in which an evacuation of the primæ viæ was plainly indicated.

External revulsives, the topical application of alum, and nitrate of silver to the morbid surface of the throat, gargles of chloride of soda, tannin, capsicum, statice limonium, and other astringents, were thoroughly and perseveringly used, but with very unsatisfactory results.

Hydrochloric acid and tincture of myrrh, combined in equal parts, and applied with a sponge to the fauces, detached the pseudo-membrane more readily, and diminished the liability of its being renewed, more effectually than any other remedy used for that purpose. But Monsell's salt was found to be the most efficacious and valuable of all topical applications; affording, in some instances, decided relief. Its active astringent property rendered it peculiarly appropriate and well adapted to obviate that relaxed and enfeebled condition of the throat which attends the advanced stage of the disease.

The free use of alcoholic stimulants, especially brandy and whiskey, generally produced profuse diaphoresis, by which great relief was experienced, not only from the general depression of the nervous system, but also from the most formidable local affection.

Several cases were treated exclusively and successfully by the liberal use of alcoholic stimulants and sulphate of quinine, in doses sufficient to produce its peculiar effect on the hair.

Those that recovered, convalesced slowly; and in such cases it was necessary to continue the use of tonics and stimulants during most of the long period which generally elapsed before the natural functions of the system were fully restored.

Milford, Ct., June 20, 1859.

L. N. BEARDSLEY.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL
OBSERVATION. BY ROBERT WARE, M.D., SECRETARY.

APRIL 4th.—*Elimination of Lead from the System.* Dr. BACON read a paper on the "Elimination of Lead from the System," in which he stated, as the result of his analyses of the urine in cases of "Lead Disease," that the efficiency of the iodide of potassium in removing the mineral was overrated, so far as the presence of any considerable quantity of lead in the urine was an evidence of this efficiency. (This paper is published in the present number of the JOURNAL.)

Dr. MINOT asked if the iodide was given in any particular form, or amount, of vehicle. Dr. BACON could not say in what form it was prescribed. Dr. Minot thought it was more likely to be efficient if given in a larger quantity of water than is usually ordered, in the same way that the various salts in mineral waters are more efficient in the natural state, than when, after evaporation, they are re-dissolved, and given in a concentrated form.

Dr. SARGENT asked Dr. BACON if he supposed the iodide to be more efficient in proportion to the size of the dose.

Dr. BACON said his impression was that the small doses were as efficient as the large.

Dr. Minot observed that as we see in some instances a certain amount of iodide must be taken into the system to produce certain effects (as in the case of venereal nodes, which do not yield to small doses of the salt, but disappear when the quantity is increased), it is not unreasonable to suppose that this large quantity is required, though much of it does appear to pass out of the system unchanged.

Dr. BACON replied that the iodide was supposed to act directly upon the lead in the tissues, and that the amount of lead eliminated was always much less than the iodide of potassium present with it in the urine was capable of holding in solution.

Dr. SLADE thought that, in the use of this salt, as much effect could be got from three grains as from sixty grains three times a day. He had seen its specific effects produced in two or three days by this small dose.

Dr. Sargent asked if cases did not occur in which there seemed to be an induction of the colic by the iodide, which had been prescribed because the blue line, sallow complexion, &c., indicated the existence of lead, though no colic had previously occurred in the case.

Dr. BACON replied that this appeared to be the case in some instances.

Dr. HODGES, referring to Dr. BACON's statement, that in one case he had obtained $\frac{5}{1000}$ of a grain of lead from three pints of urine, asked if this was a large quantity.

Dr. BACON said it was larger than usual. In answer to the question if any analysis had been made of the amount of lead contained in the tissues of the whole body, he said that he knew of no analysis of the whole body in any case of lead poisoning, but that various parts and organs had been analyzed, and the amount of contained lead had been found to be larger in the liver and spleen than in the other tissues, but no actual quantitative results were obtained.

Dr. STEVENS asked if "lead disease" was ranked among the "self-limited" diseases.

Dr. Bacon said: the prevalent impression among physicians is that (sufficient time being allowed, and the removal from the source of the poison being complete), the system will relieve itself. Recent experiments upon animals tend to prove the truth of this, though the observations were rather of the effects resulting from the use of large doses of lead, than from the prolonged introduction of minute quantities.

Dr. WHITE: is it known what proportion of the workmen exposed to the influence of lead suffer from the various forms of lead-poisoning?

Dr. Bacon: I know of no statement of this proportion. Much would depend upon the care taken by the workmen, and upon the form in which the lead is introduced into the system. It is probable that those salts of lead, which are most readily taken up by the organism, will produce their effects most rapidly, but the alkaline chlorides existing in the system are among the most efficient solvents of lead, and will promote the effect under whatever form the lead is introduced.

Dr. WILLIAMS: is not the work at the glass houses, which requires the use of lead, among the most likely to produce lead-poisoning? It is my impression that some form of lead disease is the general rule among those employed in that part of the process, who are exposed for any considerable length of time. Among the workmen employed in grinding lead for paints, the amount of disease has diminished, and the attacks have been less severe, since the lead has been ground in oil.

Dr. Bacon: the workmen of the glass houses are very liable to be attacked. The old process of grinding lead for paints without oil must have been an active cause of disease, since the dust arising was not only inhaled, but was absorbed by the skin, which became so impregnated with the lead that it was difficult to remove it, even by repeated washings.

Dr. Sargent: how is the colic, which occurs from sleeping in newly-painted rooms, accounted for?

Dr. Bacon: it is not satisfactorily explained. Experiments give no trace of lead in the exhalations from the walls, and yet cases are given by reliable observers, for which no other cause can be assigned. Dr. Taylor (of London) has himself suffered from severe colicky symptoms, which he could ascribe to no other cause than having slept in a freshly-painted room?

Dr. Stevens: is there lead enough in the Cochituate water to be detected by analysis? and does not a deposit form upon the surface of the pipes?

Dr. Bacon: perceptible traces of lead are found in the water, even of the largest mains. A red coating of the salts of iron and lead is formed in the lead pipes, which is supposed by its insolubility to protect against farther injury to the water, but this coating has been proved to be slightly soluble, especially in the presence of the alkaline chlorides.

Dr. Stevens: is the action of the water upon the pipes greater in the new, than the old pipes?

Dr. Bacon: it is usually less in the old than in the new pipes. The amount of action depends very much upon the character of the water,

and still more upon the galvanic action which is set up in the pipe wherever particles of the undecomposed sulphide of lead are imbedded in the lead of the pipe.

Bibliographical Notices.

Science and Success. A Valedictory Address, delivered to the Medical Graduates of Harvard University, at the Annual Commencement, 1859. By HENRY JACOB BIGELOW, M.D., Professor of Surgery.

DR. BIGELOW'S address is alike remarkable for its independent and vigorous thoughts and for the eloquent and graceful words by which they are expressed. It puts in strong relief the idea, which students scarcely seize, till they learn it through their own observation, that science and success are widely different things; the one does not imply the other. The man who oftenest finds occasion to draw from his well-dotted "visiting list" those familiar bits of paper, whereon "preparations" are written for, is not, therefore, the greatest man of science; nor does the man of science, by mere virtue of his learning, secure a practice only to be measured by his own powers of endurance.

This is a plain truth, not always owned up to. It has brought a deal of consolation, however, to many a "junior practitioner," if not to the ardent students just gaining their diplomas, to learn how wholly incapable the public at large is to judge of the relative merits of medical men. How many a young physician has been glad to feel, that because patients do not learn the way to his door as they do to his neighbor's, the necessary corollary is not his own incapacity; that he need not yet be disheartened, but rather relieved, that the measure of his success does not depend on the whims of hysteric women or the patronage of ill-bred parvenus.

Perhaps heresy will be said to lurk amid the satire which flows so readily from Dr. Bigelow's pen as he speaks of therapeutics, or paints the practitioner; but a keen appreciation of what goes on around us, an understanding of the things which many see and feel, but dare not speak of, lest they mar the spell which binds them to the world of patients, is not heresy; nor is there cynicism in those sharp lines which delineate the prescriber as distinct from the conservative student of nature.

The sooner these distinctions are drilled into the minds of men, the more they hear of them, the sooner shall we be rid of those "unsound and exceptional organisms of the community on which the parasite of quackery feeds and fattens; the sooner will that ideal excellence, so often held up under the name of science, cease to be a chimera."

This end is only to be attained, as Dr. Bigelow well insists, by the sound and thorough education of the medical student and by the adequate support of Medical Schools. By these shall the student earn and deserve his proper place; by these alone shall the public learn where to look for help in the perilous days of sickness.

If disagreeable truths are plainly stated in Dr. Bigelow's address, if weak spots in the body medical are remorselessly exposed, the attractive style and good humored manner in which all is said, ought certainly to gain for it the approval of every honest man, and win for

its author the credit of a brilliant defence of that rational medicine with which the honored name he bears has so long been identified.

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Observations on the Treatment of Fractures of the Femur, with a New Apparatus, and Report of Seventeen Cases. By J. H. HOBART BURGE, M.D., and WILLIAM J. BURGE, M.D. Brooklyn: W. Wilton, Printer. 1859. 12mo. Pp. 56.

THIS pamphlet contains a description of a new apparatus for fractures of the femur which is designed to obviate the counter-extension from the groin, and the immobility, and other inconveniences of the ordinary splints. The counter-extension is made from the tuberosity of the ischium, and by an ingenious arrangement the patient is allowed considerable motion, and can even sit up. The inventors claim a much larger percentage of good limbs from their apparatus than from any other, and cases are appended to prove this. The splint is highly praised by Prof. Hamilton, of Buffalo, and we cordially recommend it to the attention of surgeons.

Hints toward Physical Perfection or the Philosophy of Human Beauty, shewing how to acquire and retain bodily symmetry, health and vigor, secure long life, and avoid the infirmities and deformities of age. By D. H. JACQUES. 12mo. Pp. 244.

THIS work is from the prolific press of Messrs. Fowler & Wells, and like many other of their publications contains much that is good, mixed up with much that is fanciful and not well founded, though generally plausible. It is emphatically a book for the people, and of a kind we do not object to. What it does positively teach is correct, and we hope it will have the effect of setting them to think, and of putting them in the way of attaining some little portion, at least, of what is promised in the title page. Twenty per cent of this would make it fully worth while. The chapters on exercise and on the abuses of the stomach are particularly excellent. Altogether the book shows a freedom from the dogmatism and ultraism which so frequently characterize publications of this sort; and although we think some passages might have been omitted without great loss, on the whole, we look upon it as a publication destined to do its service.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JUNE 30, 1859.

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### MEDICAL SOCIETIES—THEIR IMPORTANCE AND MANAGEMENT.

VARIOUS associations naturally and of necessity spring up amongst medical men, not only for the purpose of protecting the profession, as a body, but for medical improvement and the attainment of those advantages which arise from frequent intercourse with their brethren of the same pursuits. These societies, while they may be made the means of great good in various ways, may also be allowed to become stagnant in their operations, inefficient in their legislation, careless in

the selection of their members, and sometimes nearly or quite effete, by reason of neglect on the part of their members to keep up an interest in their meetings, or even to attend them at all.

There are few of our profession, we imagine, who do not admit the great importance of maintaining medical organizations—not only such as are formed for the purely police purposes of our calling—such as the “Boston Medical Association,” a most useful, important and essential portion of our medical body politic—but others of various nature; yet individuals do not, by any means, act as if they felt the responsibility which devolves upon them. Take the Society we have just referred to—established in the earliest days of our city’s existence, for the purpose of regulating the action of the members of our profession toward one another, and especially toward the community, it has been continued until the present day, and forms a more important feature of our organization as a professional body, than any one would imagine who attends its Annual Meetings and witnesses the meagre collection of physicians assembled. We conclude that many are too lazy to attend; others forget the meeting; others still, are perhaps so mistaken as to think the meetings of the association alike useless and of no sort of consequence; and that they might as well be abolished as not, for aught they see or care. We differ from such persons in their opinions, and will only say further, in respect to this organization, that we have been promised—*now for a long time*—by the excellent Secretary, an account of the Association, both historical and exegetical. We learn, moreover, that it is intended to re-print the list of the early members, a specimen of which we were lately shown by Dr. J. M. Warren. To the Secretary, these intimations will, we trust, be fraught with significance.

We refrain, at this time, from expressing any opinions we may entertain relative to our venerable State Society—and will merely say that we trust its dotage-time has not yet arrived—although we have heard many voices affirm that there are signs significant thereof. It ought to arise and shake itself; or, to use another figure—be taken into dock, and have the barnacles and other incumbrances which impede its progress through the medical ocean, scraped off!

We are glad to notice that the meetings of our District Society are better attended and have an apparently increasing interest for the members. If the “Social Meetings” seem generally fuller than others, it must be remembered that one of the strongest appeals possible to make to human nature is the gastronomic! And in the animal creation, the most difficult feats and wonderful performances are elicited by holding out hopes of tit-bits or of full feeding. At all events, the “well-spread board” may have a tendency to repress the contentious element, and to make all present good-natured.

A wholesome activity pervades the two Societies known under the titles of “The Boston Society for Medical Improvement,” and “The Boston Society for Medical Observation.” To the latter, as our readers will have remarked, we are frequently indebted for most valuable and interesting papers; and we would here suggest the preservation of such papers, as published, in a permanent form; after the plan of the Improvement Society. Whilst these two Societies differ somewhat in their management and aims, they are alike in this—that their communications are of great value, and will be found to be so in the future. Every facility for transmitting them should be afforded.



Our nearly constant presentation of the "Transactions" of the Improvement Society in the JOURNAL, we are happy to learn from many quarters—foreign as well as home—is highly acceptable to subscribers. The different modes of communication adopted in this Society, are not without their importance; and on this point we wish to say a few words. The arrangement made by the present Secretary, seems to us an excellent one—viz., to collect into a supplement to the volumes of Transactions, all papers of sufficient length which are read before the Society, whilst the shorter cases and reports are printed as heretofore, and constitute the bulk of the volumes. And, in this connection, let us say that it seems to us a great advantage, whenever cases, even such as are of moderate length, are reported in writing. A few facts or isolated statements, or a short account of a case, may be both easily and correctly given *orally*—and thus "Oral Communications" appropriately find their place in a medical Society's regular programme—but longer details of symptoms should generally be written. Two advantages seem at once to result from such a course; first, the case is likely to be more succinctly, clearly and accurately reported; secondly, the labor of the Secretary—very onerous, at best—is infinitely lightened. We cannot, therefore, join those who decry "written communications" as a part of a medical Society's plan of operations, when "medical improvement" is the question—and we have occasionally been much surprised to hear active members of our Societies oppose the reading of case-reports. Often, the same members will occupy a half hour, or at least twenty minutes, in orally reporting a case—and very constantly repeat their expressions, or forget something they should have stated, and then bring it in out of place, to the confusion of the whole matter, by breaking the thread of the story. The same account, doubtless, might have been correctly and smoothly detailed in writing, and read in half the time or less. Which is the preferable course, and which is the more likely—as we once heard of its being elegantly put—"to swamp the society?" We are referring, let it be remembered, to reports which, at any rate, would occupy several minutes. Unless members are accomplished and facile reporters, the written paper is the best mode of communication *for such cases*. A case of any length—if worth reporting at all—is far better put into a permanent and publishable shape at once. The labor performed by the Secretary of the Medical Improvement Society and the time spent—even supposing him to be seconded by the prompt supply of written accounts of reports from the members—are worth at least five hundred dollars annually. With the merely nominal remuneration now attached to the office, the incumbent should at least be more efficiently aided by members in the preparation of their reports for the press, than he now is. The "Transactions" are becoming more valuable and are more in demand every year; the sales of the volumes will by and by be no inconsiderable item. Let them be kept up to, and surpass, even, the high standard they have already attained. As an all-important step toward this, let the officer who has their preparation in charge, be well sustained in his efforts.

We intended, earlier in this article, to have alluded to two excellent Addresses by THOMAS C. BRINSMADE, M.D., of Troy, N. Y., late President of The Medical Society of the State of New York. The addresses were delivered before the latter Society in February last, and at the delivery of the first, members of the Legislature were present. It is only lately that we have received a copy of both,

contained in one pamphlet. We can only say of them, at present, that they are characterized by sound judgment and an earnest desire to see medical associations managed aright, and their members imbued with that spirit which will make them both conferrers and recipients of useful information. The speaker chiefly insisted, in his first Address, upon the social advantages and other inherent benefits conferred upon the members of well-regulated societies by frequent and full assemblages. He also pointedly alluded to the frequent neglect manifested by non-attendance, or by not taking pains to add to the common stock of information. In the second, which is Dr. B.'s Inaugural Address on the occasion of his becoming President of the State Medical Society, some account is given of the general plan and intentions of certain medical associations in New York city, together with the number of their members, and of the average attendance at the meetings.

Dr. Brinsmade, it will be recollected, is the gentleman to whom Dr. Durkee's lately-published work is dedicated; and he most deservedly enjoys the respect and confidence of his professional brethren of New York, and indeed of all who know him. We heartily commend the sentiments in the discourses to which we have thus briefly alluded. In his words (Address, pp. 7, 8) we will conclude:—"If such men as Abernethy, Sir Gilbert Blane, Brodie, Bateman, Cline, Astley Cooper, Lawrence, Roget, and many others of similar ability and standing, originators and supporters of the London Medical and Chirurgical Society, thought association necessary 'for mutual improvement and the advancement of medical science,' the medical men of this time might properly distrust their judgment were they to doubt the utility of medical societies. If this society had not been organized, we might never have had the benefit of the labors of these men, whose papers read before it, are evidently the germs of the larger works which have since become standard authorities."

*Lead in the Cochituate Water.*—We commend Dr. Bacon's interesting paper, and the discussion which followed it, and which will be found under the head of "Reports of Medical Societies." The minute proportion of lead found in the water from the iron mains is derived, undoubtedly, from the lead used in joining the pipes.

A FUND is being raised for a monument over the remains of the late Dr. Snow, in the Brompton Cemetery, London.—Diphtheria is still prevalent, and seems to be increasing, in England and Wales. Every county has been more or less affected by it.—*Medical and Surgical Reporter.*

*Health of the City.*—The mortality continues lower than it was the past year at this season, although the difference is not so great as it appears, 6 of the deaths for the corresponding week having been from violent causes. The large number of deaths from pneumonia at this season is an interesting, but not remarkable fact. It has been remarked by Chomel long ago. The mortality from smallpox is becoming serious. The neglect of vaccination which has caused it, is no doubt owing to the feeling of security arising from the entire absence of the disease in this city for some years past. Until vaccination is compulsory, we shall never be free from an occasional epidemic of that loathsome and dangerous disease.

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*Communications Received.*—Letter from Dr. E. Jenner Coxé.

*Books and Pamphlets Received.*—Urinary Deposits, their Diagnosis, Pathology and Therapeutical Indications. By Golling Bird, M.D., F.R.S. Edited by Edmund Lloyd Birkett, M.D., &c. A new American from the fifth London edition. (From the publishers.)—Practical Remarks on Yellow Fever, &c. By Ed. Jenner Coxé, M.D. (From the Author.)—Contributions to Midwifery and Diseases of Women, Children, &c. By E. Noeggerath, M.D., and A. Jacobi, M.D. (From the Authors.)

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MARRIED.—In Chelsea, 2d inst., Dr. S. Allen Engles, U. S. Navy, to Miss Sarah E., daughter of Dr. J. B. Forsyth.

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*Deaths in Boston* for the week ending Saturday noon, June 25th, 62. Males, 38—Females, 24.—Accident, 1—inflammation of the bowels, 1—inflammation of the brain, 1—cancer of the breast, 1—cancer of the stomach, 1—consumption, 13—dropsy, 2—dropsy in the head, 2—debility, 1—infantile diseases, 5—puerperal, 1—erysipelas, 1—scarlet fever, 2—gastritis, 1—disease of the heart, 2— hæmorrhage (of the lungs), 2—inflammation of the lungs, 7—congestion of the lungs, 1—marasmus, 3—palsy, 1—pleurisy, 2—disease of the spine, 1—smallpox, 6—teething, 3—white swelling, 1.

Under 5 years, 23—between 5 and 20 years, 7—between 20 and 40 years, 16—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 41—Ireland, 16—other places, 6.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## SOME ACCOUNT OF THE RE-APPEARANCE OF TYPHUS FEVER IN BOSTON, IN THE WINTER OF 1857-58.

[Read before the Boston Society for Medical Improvement, April 25th, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY J. B. UPHAM, M.D.

No extensive epidemic of typhus fever has occurred in Boston, or its vicinity, since the memorable visitation of that disease, under the denomination of "Ship Fever," in 1847-48. Isolated cases have, however, from time to time appeared. Such have generally been traceable to a direct intercourse, on the part of patients, with recently-landed immigrants, their relations and friends from the old country, among whom the fever had prevailed on ship-board or on shore. From these isolated instances, as centres, the disease has more or less spread by contagion. But it has never, I apprehend, been regarded as indigenous, under any circumstances, in New England.

The appearance, then, of a number of cases of typhus, in the winter and spring of 1858, occurring suddenly, and without known cause, seems in itself to merit our consideration; more especially, since, in the month of March of that year, the disease found its way into the wards of the Massachusetts General Hospital, and spread to some extent among the inmates and patients of that institution. From a personal examination of the localities in which the original cases occurred, from questionings of the patients themselves, or their immediate relatives and friends, and from the notes of the dispensary physicians, who have kindly submitted their records to my inspection, I have been able, as I believe, with more or less completeness, to follow upon the track of the fever from its apparent inception to its entrance at the Hospital.

In the nature of things, a mere sketch, or skeleton of the cases, has, in each instance, been given by the physicians in attendance. These cases are but few in number, and of such as I may quote, a brief abstract only will suffice for my present purpose.

On the 19th of December, 1857, Dr. Robert Ware was called, in his dispensary practice, to a patient with the following symptoms:—

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Catherine H., 13 years of age, a naturally strong and robust girl, and previously in good health, was seized that morning, while at school, with vomiting, followed by febrile symptoms of much severity. She had urgent headache, suffused eyes, flushed cheeks, and a pulse of 130. This was accompanied with faintness. There was also epistaxis, to which she was subject. Owing to the illness of Dr. Ware during the progress of this case, his notes of it are incomplete. He had, however, with more or less minuteness, recorded the symptoms and appearances of the first five days of its duration. The most prominent of these were intense headache, restlessness and tendency to delirium at night, a pulse of from 120 to 132, dry and hot skin, and a general prostration. No manifestations of the characteristic typhus rash were noticed by Dr. Ware. There was dizziness, and a sensation "as of hammering" in the ears, with considerable nausea and vomiting. The tongue was coated, though not heavily, and, at times, brown and dry in the centre. The respiration was hurried. The abdomen was mostly natural, but on the fourth day is noted "some general pain about the abdomen; no gurgling"; and on the fifth, "some fulness, with resonance and pain about the right iliac." Dr. H. K. Oliver, who in the illness of Dr. Ware took charge of the case at this point, states that for the residue of its continuance there was at no time more tenderness on pressure, or gurgling, in the right iliac fossa than in other parts of the abdomen; also, that no enlargement of the spleen was discovered. The urine was high colored; dejections natural. The duration of the disease was, according to recollection, about eighteen days, after which convalescence was fully established, and recovery rapid and complete. Dr. Oliver has, I regret, no written notes of the case. This, so far as my investigations can determine, was the first instance of probable typhus during the winter in question. It can hardly be called a well-marked example. I have said the characteristic rash is not noted in the memoranda of Dr. Ware, and was not seen by him. Dr. Oliver is confident, however, that the spots came on within the week, and were especially manifest upon the arms and chest, more faintly on the legs and abdomen.

This patient, so far as it is possible to discover, had not been exposed, either directly or indirectly, to the contact or proximity of the fever. The hygienic circumstances under which she lived were most unfavorable. The family consisted of a mother and seven children. They were of Irish origin, and had been living in Maine until a few months since, when they removed to their present quarters. These were in Half-moon Place, a locality at all times sufficiently well known in dispensary practice. The apartments occupied by the family consisted of two rooms in the basement, or cellar, rather, of the building. The rear of the house, like the others in its vicinity, backs up against the hill, which, with the narrowness of the street in front, serves effectual-

ly to exclude the light and air of heaven. The ground rooms, especially, are low and noisome, dirty, dark and damp. Sickness in some form, I learned, was seldom absent from the premises. Just previously, a man had died there with phthisis; and in the summer preceding, nearly all the children had been down, either with dysentery or diarrhœa.\*

Another, and a similar case of fever, occurred in this family, dating from the 14th of January 1858, the patient being a brother of the girl just mentioned. This boy, 14 years of age, was engaged in some occupation away from home during the day, but came back to sleep at night. On Thursday, at the date above mentioned, he complained of feeling a little unwell, but kept about his work till the Saturday following. On Monday after (18th), he was seen by Dr. Robert Ware, when he presented the initiatory symptoms of violent fever. I have the notes in full of this case, taken from the memorandum-book of Dr. Ware, which I will not take up the time of the Society to read at length; but I will remark, in passing, that the case, in its main features, harmonizes with the preceding. On the eighth day is chronicled "a fine, bright-red, punctated eruption on the parts of the body subjected to constant pressure." The rash of typhus, however, is not described. The mother tells me that the boy, during his illness, was "covered with a rash like measles." I do not place much reliance on her statements as opposed to the negative evidence of Dr. Ware. She has, very likely, confounded this with the case of the girl, in which the testimony of Dr. Oliver, as to the existence of the rash, is positive.† On the 10th day, the pulse rose to 124; at the same time there was noisy delirium, and a dry, brown and parched tongue. The abdomen is noted as flat and natural. The duration was eighteen days, counting from the date of the first complainings of the patient. It should be remarked, that prior to the illness of this boy, the family had removed to a street near by, called Hamilton Alley, a decided improvement on their former residence.

Dr. H. K. Oliver made a careful analysis of the urine of this boy from day to day. At my request, he has kindly furnished me with his notes of the case in a letter which I give below:

"DR. UPHAM,—Dear Sir: The accompanying examination of the urine of the boy Hoar, was made with a view to the chlorides; at what

\* Since the above was written, we are happy to say, this place has been selected as a site for warehouses and stores. Indeed, the work of metamorphosis is already going on, which will shortly rid us, we trust, of as foul a nest and nursery of pestilence as ever disgraced our city.—EDS.

† Dr. Jenner, in his able papers published in the *Medical Times and Gazette*, has attempted to prove the frequency with which the mulberry rash is absent in individuals of different ages affected with typhus fever. His conclusions are as follows, viz.: that out of 100 individuals of all ages, suffering from typhus, we may expect the rash to be absent

From one fourth, or 25, of those under puberty.

From one seventh, or 14, of those under manhood.

From none above 22 years of age.

"But cases of typhus fever without rash," continues Dr. Jenner, "which are invariably mild, must not be confounded with *relapsing fever*, in which no rash is ever present."

time in the course of the disease they disappeared, and at what time they re-appeared, if recovery took place; or, if the case terminated fatally, whether or not they continued to be absent up to the time of death. Notes of the case were taken daily by Dr. Ware, and in his absence by myself, with a view to determining whether an earlier prognosis could be formed from the re-appearance or relative increase of the chlorides than in the ordinary way, that is, from the decline of the severe symptoms.

The method of examination—which is only approximative—no other being practicable at the bedside—is as follows: To 2 or 3 drachms of the urine, in a wine-glass, add a few drops of nitric acid (to prevent the precipitation of the phosphate of silver), and then let fall into the mixture one drop of a solution of nitrate of silver, in the proportion of one drachm to the ounce of water. When the chlorides are present in normal quantity, a thick, compact, white mass of chloride of silver will fall to the bottom of the glass, while a small white film will float upon the surface. In case of a diminution of the chlorides, the salt of silver falls in flakes, and no film is left upon the surface. When the diminution is great, a milky appearance, simply, is given to the urine by the addition of the nitrate of silver.\*

First examination, January 20th. Fever well established. Chlorides<sup>s</sup>, very slight trace. January 21st, 22d, 23d, 24th and 25th, ditto. 26th, slight increase, relatively. 27th and 28th, ditto. 29th, chlorides milky. 30th, slightly milky. 31st, milky. February 1st, quite milky. 2d, quite flaky, nearly normal. 3d, 4th, 5th and 6th, ditto. 7th, sufficiently normal. Dr. Ware's record stops on the 1st of February. Subsequent to this, up to the 8th, patient steadily improved. On the 8th, however, there was a slight relapse—nose-bleed, headache, &c. Pulse, which had been 80 from the 1st of February, rose to 90. Patient had been up, day previous, and had gone to bed again in sheets which had been imperfectly aired. Unfortunately, no urine was obtained on this day. Feb. 9th, somewhat better; pulse 90, rather full; tongue well; chlorides sufficiently normal. 10th, chlorides as yesterday. Patient from this time improved daily, and no farther examination of the urine was made, it being taken for granted that the chlorides continued in normal quantity.

A favorable prognosis was thought to be justified by the subsidence of the symptoms on the 23d of January. The chlorides, however, continued diminished, and the following day the symptoms were again aggravated. The increase of the chlorides commenced first on the 26th, at which time, as well as on the 27th, the symptoms were yet severe, their severity lessening on the 28th. (The patient was not seen by Dr. Ware between the 25th and 29th of January. On the 26th and 27th, the pulse was 120; and on the 28th, 100.) It will thus be seen that the increase of the chlorides invited the forming of a favorable prognosis two days earlier than would have been justified from the ordinary symptoms.

It may be added that the specific gravity varied between 1.009 and 1.019, not always increasing as the chlorides increased, the urea—which, with the chlorides, influences the specific gravity the most, in

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\* Heller, whose method of examination this is, asserts that an increase of the chlorides over the normal amount is of no semiotic value. It ought also to be added, that, according to the same author, the exhibition of these salts internally does not increase their amount in the urine.



normal urine—being sometimes in diminution when the chlorides were present in sufficient quantity. Thus, on the 7th, 9th and 10th of February, although the chlorides were normal, the urea, by actual examination, was found diminished. The specific gravity on these days was respectively 1.012, 1.013 and 1.009. Very truly yours,

2 Bumstead Place, May 31, 1858.

HENRY K. OLIVER."

The next case I shall adduce, is that of a woman between 45 and 50 years of age, who resided at the top of Hamilton Street, and who, after exposure to wet and cold, had, for a day or two, cough, and general sense of oppression about the chest, followed with a rather violent accession of fever. I have also the notes of this case, from Dr. Ware. The woman's own account of her attack, as obtained subsequently on a personal interview, is substantially as follows: She was living, at the time, at 30 Hamilton Street, one of the narrow lanes on the northerly slope of Fort Hill. She tenanted a single small room on the ground floor, a sunless, low, damp, badly-ventilated, ill-savored apartment, looking out, with its one window, into a filthy yard. She says she landed at New York on the 12th of February, 1857—from Ireland, of course; that, on the Thursday night previous to her illness, she soaked her feet in very hot water, and went to bed, feeling quite well. The next morning, which, she remembers, was raw and cold, she stood and walked about for a considerable time in the back yard, barefooted; upon which she is conscious of having taken a cold. This, I find on reference to the notes of Dr. Ware, was the 16th of February, 1858. The next day (Saturday), she was ailing, and generally miserable, and the day after, feeling still worse, she took to her bed, being, as she expresses it, "downright ill"; from which period, to the date of her convalescence, she has but a very confused idea of passing events. In reviewing the necessarily brief notes of Dr. Ware, the nature of this case does not clearly appear. No eruption is noted. This, unless particularly sought for, may have nevertheless existed, and escaped observation. In other respects, the symptoms, though not very marked, are such as belong to a moderate case of typhus. Convalescence seems to have been fully established about the 12th of March, one month from the first accession of fever. This is considerably longer than the average duration of typhus cases. Complications, however, often occur, which retard the period of convalescence long after the fever has fully run its course.

On the 14th of the same month, John, a son of this woman, was seized with violent febrile symptoms. The next day he was seen by Dr. Robert Ware, who found him in the initiatory stage of well-marked fever. His case becoming aggravated, his friends procured him admission to the Massachusetts General Hospital, where, on the 20th, his condition is thus registered: Patient complains of general soreness externally. Skin everywhere maculated; eyes natural; tongue covered with brownish coat; respiration hurried; pulse 92. In the afternoon of the same day, memory very imper-

fect; sordes on teeth and lips; skin hot; pulse 108, full and wavy. On the 21st, tongue is coated with thick brown coat in centre, clear at edges and tip; skin hot; mind dull; pulse 120. On the 22d, respiration hurried; eruption persistent. On the 23d, he is described as quiet, but at times wandering, with abundant eruption, and general duskiness of surface. And he was convalescent on the 30th, the duration of the disease being, therefore, about sixteen days. This patient was 17 years of age. As to his previous circumstances, I learned from his mother that he was provided with work during the day at a store in Washington Street, but passed his nights at home. He was a strong and healthy lad, and had been previously in good health.

A niece of this old woman was then living as a domestic in the family of Mr. H., in Mount Vernon Street. She had been in the habit of visiting her aunt during her illness, and on one occasion, as I learned, had remained with her during the night. This girl was presently attacked with fever, and on the 18th of March, 1858, was admitted as a patient into the Massachusetts General Hospital. She is chronicled on the Hospital register of that date as follows: Hannah Riley, 13 years a resident of Boston, a well-developed woman, of 140 pounds' weight, has been hitherto always in good health. Ten days ago she wet her feet, and on the following morning was attacked with headache and general feverish symptoms. *Present Condition.*—Intelligence dull, except when roused; memory deficient; skin dry and hot, but moist; eyes suffused; tongue covered with thick, light coat; no appetite; much thirst; no tinnitus; no tenderness of abdomen; urine natural; complains of much distress about the head; pulse 100, of good strength. The spots were abundant and very generally distributed over the body. The duration of the case appears to have been about sixteen or eighteen days.

But it is unnecessary to pursue these records further. The cases occurring in this and the following month at the Hospital, and registered on the books as typhus, are eight in number. Of these, the two above designated had fever on admission. Of the remaining six, one was a house-pupil, three were nurses, and two patients in the ward. All were connected with the west wing of the building. The accession of the disease in these instances is dated respectively as commencing on the 16th, 19th, 20th, 24th and 27th of April, and 1st of May. One case only, that of the lamented young Hooker, proved fatal.\*

Immediately the character of the fever became evident, all admission of patients into the infected wards was interdicted, and the utmost care taken to prevent the communication of the disease to the other portions of the building. To these prompt and judi-

\* One of these cases, it may be stated, was a surgical patient, who occupied a private apartment, and could have had no direct communication with the fever. He had been attended, however, by the nurses who at the same time took charge of the fever patients, and who were themselves subsequently subjects of the disease.

cious measures, no doubt, we owe it that examples of the fever were not further multiplied.

Such only is the imperfect sketch I will now give of the occurrences in question. Two inquiries of particular interest naturally arise in this connection.

1st. How did the fever originate?

2d. What circumstances favored its spreading, when once received into the well-conditioned wards of the Massachusetts General Hospital?

The second of these points it does not fall within my province here to discuss. And as to the first, the result of my inquiries has been far from satisfactory. We have traced the fever from the woman who was ill of presumptive typhus, in Hamilton Street, through two different channels into the Hospital. We have seen, also, as we supposed, two examples of the disease occurring a month previously, in the family in Half-moon Place. No communication had been had, directly or indirectly, between these two households, so far as a rigid investigation of the facts can determine. Nor can it be ascertained, in either case, that there was exposure to the contagion of the disease, nor are any cases reported to have existed in Boston previously, during the season.

Did the disease then originate *de novo*? It would seem, from the hygienic condition under which we have seen these families have been living, that strong provocations were held out for such self-generation, if it were possible; conditions under which, in Dublin or London, we should look for the existence of typhus *at all times*, without caring to inquire farther for its precedents. I am not ready, however, to come to this conclusion in the present case. I prefer to believe, rather, that some links in the chain of connection have been lost, and must leave my inquiries, no wiser in this particular than when I began.

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## TWO CASES OF ANASARCA AND ALBUMINURIA FOLLOWING SCARLATINA.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY CHARLES E. BUCKINGHAM, M.D.

I. W., 6 years old, had an attack of scarlatina, not severe enough to confine him to his bed, about the middle of October. His mother brought him to me, on the 3d of November, because of enlarged abdomen and difficult respiration. Two weeks after the fever began, his mother observed swelling of the face. The swelling (her own account) had extended downward to his belly and legs. At night, his respiration was difficult. Nothing peculiar had been observed about his urine. He is pale; easily fatigued; skin dry; respiration rapid. Some mucous râles through-



out chest. No abnormal sounds about heart, and, with the exception of the swelling, I notice none of the usual sequelæ of scarlet fever. R. Ferri ammonio citratis, grs. ijss. in syrup, before each meal. Nourishing diet. R. Pulv. ipecac. comp., grs. ijss., at bedtime.

The same night, I was called to him, at about 10½, P.M. Respiration quite rapid, and labored, while lying down. Has passed no urine. Slept about an hour and a half. Said he felt well. No pitting upon pressure with the finger upon any part of the surface, which I believe to be the case generally, in the so-called dropsy following scarlatina.

To have a warm bath. Let him have half a pint of cream of tartar water during the night, and repeat the Dover's powder.

Nov. 4th.—Up and dressed; says he is well. For breakfast had tea and chicken. After his bath and cream of tartar he slept all night. Did not perspire much. Pulse 120. Had a dejection at 5, A.M. Has passed about four ounces of dirty urine, almost free from odor. Its density, 1,018; acid; coagulates by heat and acid to the depth of half the tube, as seen after standing twenty-four hours. Continue treatment.

5th.—Slept better last night. Perspired somewhat. Has taken a pint of the solution of cream of tartar in twenty-four hours. Pulse a little less than 100. No cough. Face less swollen. About eight ounces of urine in twenty-four hours. Density, 1,016; acid; coagulates as yesterday. Continue treatment.

7th.—Pulse 84. Body less swollen. Urine somewhat increased. Appears as before, in every respect. Appetite far from good. Two dejections yesterday. Sleeps better. Omit cream of tartar, but continue other remedies.

11th.—Appetite good. Urine more abundant. Albumen to one-fourth its depth.

17th.—Appears much better.

22d.—Albumen has disappeared. Feels well. To continue the iron for a week.

CASE II.—A son of W. H., 5 years old, had a light attack of scarlatina a few weeks since. About the same time, a child died, in the same house, of this disease. The eruption in my patient's case, appeared on the 5th of November. During his sickness he was not confined to his bed. For nearly two weeks he did not leave the house. He has been, and is well clothed. His mother informed me, on the 26th of November, that, for three or four days, she had noticed swelling of his face and feet, with dyspnœa. Has no appetite. Could give no account of his urine, nor of his perspiration. R. Ferri ammonio citratis, ℥ss.; syr. aurantii cort., aquæ rosæ, aa. ℥j. M. A teaspoonful before each meal. R. Pulv. ipecac. comp., grs. iij., at night.

Nov. 27th, A.M.—Slept well last night, but had no sensible perspiration. Has eaten bread and butter, this morning. In the last

sixteen hours, has passed about one ounce only of dirty-looking urine. Examination shows albumen to the depth of about one-fourth of its bulk, in the tube; highly acid. Bowels in good order. To have a warm bath at bedtime. Meat diet, and medicine to be continued.

29th.—Urine much more abundant. Has passed about a pint of reddish urine in the last twenty-four hours. Last night passed it in his sleep. Occasionally perspires. Appetite about the same. Sleeps well. Swelling not increased. Pulse 100. Breathes more easily. Some color in cheeks. Urine alkaline; with acid and heat, shows mixture of albumen. Continue treatment.

Dec. 1st.—Appetite good. Sleeps well. Perspiration at night. Could discover no sign of albumen in urine. Continue iron for one week.

## INVERSION OF THE WOMB.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—You may recollect that I communicated for the JOURNAL, a few weeks since, some notes of cases of recent and chronic inversion of the womb, of which 9 were successfully treated, and 3 were fatal. Of these last, I saw neither. One was fatal one year after delivery. In neither was anything done for radical cure.

I was called to see Mrs. —, and left town early in the morning of the 16th of the present June, and reached the address, by rail, toward evening of the same day. Her medical attendants were in waiting for me, and from them I got the following history.

Mrs. —, aged 22, was delivered of her second child eighteen months ago. Excessive flow accompanied and followed the removal of the placenta. Inversion was discovered. No immediate attempts at reduction followed, and those afterward made were ineffectual. Drs. — and — were called to attend her some time before I met them. They did not attend her in confinement. Their attempts at relief failed. I learned further, that at the menstrual period the flow was excessive. It seemed impossible that another could be borne. Smaller losses occurred in the intervals. Mrs. — was perfectly helpless, bloodless and emaciated. There were no symptoms of anæmia present. The blood in the superficial veins was of the natural *modena* color. Not the least pink hue was discovered. The pulse was natural in frequency, and entirely wanting in the simulative aneurismal thrill which attends true anæmia. No noises or ringing of the ears, or thumping of the cerebral arteries. The heart was without complaint. It was pretty clear that something must be done to stop

further loss. The back-breaking ounce was, without question, at hand. But what to do?

Drs. — and — had written me before the letter of summons came, and in the mean time I had the good fortune and great pleasure to meet Prof. Peaslee in a neighboring State, and had a full talk with him about his case of reduction of a womb long inverted, and of his method of treatment. He said his case was very favorable for the operation. The walls of the abdomen were thin and very flexible, so that the hand passed readily edge-wise across from symphysis to promontory, thus giving him perfect command of the womb; not merely steadying it, but allowing him to feel its ascent should his operation be successful. There was no flow, the hand passed readily into the vagina, and complete etherization was produced. The time taken was half an hour. The first intimation he had of progress was feeling the womb pressing against the palm of his hand, which was across the brim. As soon as this was felt, he removed this hand, and almost immediately after the inverted organ regained its natural position. I asked Professor P. if he felt any progress up to the moment when the ascending womb was against his hand. "No," said he, "I was perfectly unconscious of progress till then." This is a very important fact in this most interesting history. How often has it happened to me in operative midwifery, to labor for an hour—yes, for many, and without any clear progress, when, as if in a moment, advance was obvious, and rapidly increasing, until the work was done. While writing, a case has actually occurred in which the consulting physician proposed a resort to craniotomy, as it was impossible that delivery could be effected otherwise. Almost at the moment when the suggestion was made, the head began to move, and soon was delivered.

I went to the case in — with the important preparation derived from Prof. Peaslee. I soon found a much less favorable case than his. The walls of the abdomen were thick, tense, unyielding, at least giving no room for the hand to be passed across the brim. Then etherization was impossible. The attempt produced violent resistance with attempts to escape. The struggle produced large hæmorrhage. The state of the external organs made the passage of the hand impossible, making it difficult to reach the womb. But with all these obstacles, when I felt pressure against my fingers above the symphysis, I felt encouraged. But I soon found the bulk of the womb was in the pelvis still; that the fundus was still the lowest part, and the portion of the womb felt above the symphysis was only the anterior edge of the uninverted portion of the womb, forced up by the manipulations below. Hæmorrhage continued and increased, and it was decided to abandon the attempt at reduction and apply the ligature. This was done on the 10th of June. The womb came away on the 27th, seventeen days after the operation—thirteen days sooner than happened



in my second case. Dr. — writes on the 27th, "It (the instrument) came away on the seventeenth day from its application. The patient is doing well—*very well*. At one time considerable vomiting and sharpness of face, &c. There is now appetite, and improving strength."

This case, added to those before communicated, makes the whole number thirteen, ten of which were successfully treated.

July 1st, 1859.

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#### "TONICS" IN ILLINOIS.

[Communicated for the Boston Medical and Surgical Journal.]

YOUR correspondent (P. K. G., of Plainfield, Ill.) in "a few words about 'tonics,'" makes use of the following:—"When I see a patient laboring under typhoid fever, with frequent wiry pulse, and hot, dry skin, and learn that he is taking quinine, I come to the conclusion that the *doctor is doing him harm*; and yet *this is no uncommon thing in this section of the country at least*."

It is an undeniable fact that the treatment of typhoid fever and other febrile diseases is of a less expectant character in this section of the country, and throughout the West, than at the East, particularly in the New England States. There typhoid fever is often best treated upon a purely expectant or do-nothing plan, but a short experience at the West is usually sufficient to convince most practitioners of the propriety and necessity of an early administration of quinine as a febrifuge and tonic, which must be continued, to greater or less extent, through the whole course of the disease. Now if within "this section of the country" (which *adjoins* that of P. K. G.) I should prescribe for a patient laboring under typhoid fever with the symptoms detailed above, or in addition to these were there delirium, subsultus tendinum and tympanitis, and there was no inflammation of a local character forbidding the treatment, I should most surely administer quinine in two to three grain doses, every two to three hours, combined with sufficient sulph. morphine to control the delirium, if there was any, and to produce an anodyne effect; and by the time twenty or thirty grains of the quinine were given I should expect to find a softer and slower pulse, very moist condition of skin, delirium, subsultus and tympanitis gone, and the patient so much better, as to have the appearance of convalescing. Having got this result from the quinine as a febrifuge, I would continue it in smaller doses, from one half to a whole grain, as a tonic, at regular intervals, which will have the effect to sustain the patient and prevent his relapsing into his former typhoid condition. By this treatment the case is rendered less dangerous, symptoms all controlled, and the patient kept in a better condition to be sustained by animal broths, and stimulants, if necessary—than by any depleting or expectant method.

In cases of inflammatory complications, the treatment would necessarily be modified; and in all cases, in the commencement, a thorough cleansing of the alimentary canal and depuration of the biliary system by the usual remedies would be deemed necessary. As malaria is present in almost all of our cases, engrafting itself into all diseases, changing and modifying them to a considerable extent, it often happens that our inflammatory affections are more expeditiously cut short by a prompt administration of quinine than by the more usual routine of depletion, alteratives, &c. But with us, for the last two years, the malarious element has been evidently upon the decrease, and the lancet and other depletives have been called into requisition oftener than heretofore. Yet, as soon as the inflammatory symptoms are partially subdued, it is often necessary to commence the administration of the usual "tonic," and usually in febrifuge doses, for depletion is not so well borne as at the East. In view of these facts, it would not be surprising if some physicians should have fallen into a quinine routine, which would occasionally do harm; but if the physicians of "this section" are guilty of this charge, it must be a class of practitioners with whom I am unacquainted.

OLIVER.

*Aurora, Ill., June 8, 1859.*

### Bibliographical Notices.

*Water, as a Preservative of Health, and a Remedy in Disease.*—A Treatise on Baths: including Cold, Sea, Warm, Hot, Vapor, Gas, and Mud Baths; also on Hydropathy, and Pulmonary Inhalation, with a description of Bathing in Ancient and Modern Times.—By JOHN BELL, M.D., &c. &c. Second edition. Philadelphia: Lindsay & Blakiston. 1859. Pp. 658.

In July, 1855, we noticed, at some length, an excellent work by Dr. Bell, entitled "the Mineral and Thermal Springs of the United States and Canada." We now have a second edition of another work by him, whose merits we cannot doubt the profession has already widely appreciated. The fact of another edition being called for, is sufficient proof of its value and popularity.

The preface opens as follows: "In the present Treatise, the author has enlarged on the main subject of a former work,\* viz., in all that relates to bathing; and he has substituted for the chapters on Mineral Springs, still fuller ones on the internal uses and virtues of common water. This fluid is known to be an indispensable part of man's daily aliment and the largest constituent of his blood, while its curative properties, as a bath and as a drink, stand on perhaps higher grounds than any one article in the *Materia Medica*."

We have been greatly interested in looking over this volume. It contains a variety of pleasantly imparted and useful information; and its instructions as to bathing seem to us, for the most part, judicious

\* On Baths and Mineral Waters, 1831.

and important. There has long been extreme imprudence in respect to sea-bathing, and that amongst all classes of our people. We have not infrequently had to remonstrate with persons under our care, in respect to their wilfulness in remaining too long in the surf, at the sea-shore. In several instances, we have known irreparable injury to be done to delicate constitutions. Dr. Bell's chapters on "Cold Bathing" and on "Sea Bathing" may be advantageously consulted by bathers, and especially at this season of the year, when people are about to go through their annual out-of-door lustrations, for health, pleasure, or fashion's sake.

Dr. Bell's volume deserves a more lengthy notice than we have space to give. This is, however, less necessary, from the fact of its having previously been before the profession and the public. In its second presentation, it must command even more attention and prove a valuable and a welcome companion to the enthusiastic bather who is in the enjoyment of health, to the invalid, and to the tourist. The latter will find much that is entertaining in respect to the various bathing resorts in different countries.

The author, as is natural for those who make a special study of one class of remedies, as of one kind of diseases, tends, in some degree, to exclusive views in favor of water and its applications. We do not say that he rides a hobby, but he has one foot in the stirrup, at least. This, however, we understand, as will every one who reads the book, to be only the eagerness and conscientiousness of an able and intelligent observer and writer, fully imbued with the love of his subject, and honestly working out his illustrations thereof.

Dr. Bell is no less an ardent advocate for the internal use of water, as a beverage, and as a remedy in certain diseases, than he is for properly conducted bathing. His cautions in respect to drinking water, are, however, salutary. If we think that in portions of this part of his work he is somewhat too exclusive and positive as to advocating *water alone*, as a drink, we trust that neither he nor our readers will set us down as toppers and subverters of temperance generally! We have never been what in vulgar *parlance* is termed a "teetotaler," nor do we think we ever shall be. On the other hand, we advocate temperance—which is a relative term, and implies a *proper* use of God's gifts in corn and wine; "total abstinence" is an absolute term, and, with a somewhat inflated assumption of superior wisdom to that of the Creator, rejects those gifts altogether.

Our author remarks, on the one hundred and ninety-first page, "Let they [sic] who are the proudest of family name and descent, the Montmorencis, the Percys and the Esterhazys, or our own more limited but scarcely less vain exclusives here at home, remember that their progenitors derived the iron will and vigorous arm, by which they carved out for themselves distinction and honors, from inhaling the air of the fields and the woods in which they were born, and drinking of the water of the nearest stream, and eating of the plainest food and indulging in the most active exercise—part of which was the cultivation of the soil and the amusements of the chase." We do not doubt that the "vigorous arm" and, to some extent, the "iron will," were due to the habits mentioned; but the mere use of water as a drink, plays but a small part in the regimen—the author is here enlarging upon the virtues of "the watery regimen." We may, moreover, be excused for referring to "the vigorous arms" and "iron



wills" of many doughty knights of olden time, who, as Scott has it,

"Quitted not their harness bright,  
Neither by day nor yet by night :  
They lay down to rest  
With corslet laced,  
Pillowed on buckler cold and hard ;  
They carved at the meal  
With gloves of steel,  
*And they drank the red wine through the helmet barr'd."*

We have italicised one of their performances, and we do not believe they suffered for doing such a dreadful deed ! We have been tempted to make the foregoing extract, because our author, in this part of his work, has the running titles of his pages thus :—"Poetry and the Watery Regimen ;" and he says, "Poetry is on the side of the Watery Regimen." We are inclined to dispute the position, and call the shade of Anacreon to the rescue !

We must say in conclusion, and in all seriousness, that this volume is one which all classes may peruse with advantage. The consideration of the various uses of water in disease, will be found important to the physician. So, likewise, will the remarks on "Pulmonary Atmiatry," upon which subject the author enters into considerable detail. He refers to the inhalation of ether, chloroform, &c., without broaching the vexed question of the discovery of the former, in relation to its several claimants. He is careful to credit Boston with the discovery itself, for which we are duly thankful. When any concessions of claims to merit, in this quarter, come from Philadelphia, we are at once surprised and grateful.

The following significant sentence we quote from page six hundred and eleventh. "Although the use of chloroform has, in a great measure, superseded that of ether, we ought to bear\* in mind the important fact, that the deaths directly attributable to the former have been more numerous, under similar circumstances, than those due to the latter." We submit, that if it be true (is it ?) that chloroform has so greatly superseded ether, the greater the pity and the more the shame the fact demands, first for the sufferers, and secondly for those who persist in freely using chloroform by inhalation. We know that this opinion will be set down as a *Boston view*, &c. &c. ; let it—it is no less true. Other people are beginning to find this out, too ; witness Mr. Erichsen's distinct avowal in the last edition of his work on surgery. Let any impartial judge examine the late Dr. Snow's valuable statistics, and then tell us if it is not "drawing it *very* mild," to say merely that "the deaths have been more numerous, under similar circumstances," from chloroform than from ether. Why does not some enthusiastic chloroformist get up some statistics of *deaths by ether* ? Where will he find them ? The comparison is simply absurd.

The author will perhaps excuse us for mentioning his use of the words "desport" and "desporting," for disport and disporting. Also, in several places, his wrong employment of "they" for those—one of these instances we have already cited ; there are others. Very few errors are noticeable in the typography. The few we have remarked, are slight ; such, for example, as "thermoneter" for thermometer, &c.

A copious Index demands our thanks ; twenty-three closely-printed,

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\* We call the author's or the printer's attention to a repetition of the phrase "to bear" on this page.

double-columned pages are occupied by it. This is as it should be ; no book is half so valuable with a meagre index as with a full one—without any, it is unpresentable, and its author unendurable !

Messrs. Lindsay and Blakiston have issued the volume in very good style, at the retail price of \$1.25. Booksellers here, have it for sale. Let it be universally consulted.

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*A Discourse addressed to the Kentucky State Medical Society.* By JOSHUA B. FLINT, President of the Society. April, 1859.

Dr. FLINT's is another address in advocacy of that Rational Medicine, which, born in Boston, we rejoice to see wending its way Westward ; polypharmacy is far from being among the things that were in that region, and this discourse must do much toward helping on that revolution in the domain of medicine which the present day is witnessing.

We do not, however, quite agree with Dr. Flint, in the latter part of his discourse, when he attributes the blame and discredit, fixed upon Medical Colleges, for the imperfect education of young physicians, to what he terms "star lecturers ;" by which he means those peripatetic professors, who, travelling about the country, "stop" in their vagrant career wherever they may find an engagement. The evil lies rather, we think, in the fact that there are schools which require, or are satisfied with, such instructors.

If we could centralize medical instruction, and concentrate in the principal cities, that support which is now scattered amongst the Provincial schools, then we might look for an education stimulated to perfection by the adequate success attending its efforts. The American Medical Association will never be able to bring this about, nor are trustees and committees to effect it. Ample endowment, by State, municipal and individual generosity, can alone place medical schools on such a footing that the number of their students shall be a thing of secondary importance, and permit the carrying out of such independent plans as shall seem best to raise the standard of education, and secure to the public a guarantee of thorough accomplishment in all that fits a man to assume the responsibilities of a physician.

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*Transactions of the New Jersey State Medical Society for 1859.*

THIS pamphlet, of 95 pages, contains the President's address "On the Advancement of the Profession," minutes of business meetings, and medical reports from two counties of the State. These latter consist of cases, and mortality and meteorological tables. We infer that the difficulty in obtaining material for such reports is as great in New Jersey as it is elsewhere ; individual enterprise, and not general enthusiasm, accomplishes the labor of most associations.

Annual meetings of State Societies, we have long held, are not the occasion for scientific communications. Business, the annual address and the dinner, are more than there is time for. A knowledge of these facts influences members in engaging in any general plan for reporting, and the zealous few, who labor for the general good, find themselves cut down in time, or snubbed in their report, by the conversations of members and the constant thinning out of their audience. Such communications belong to district societies, and a publishing committee of the parent society might well become responsible for

any papers deemed of general interest, received from them. These could then be presented to the members in a manner far more satisfactory than when made orally, or read at an annual meeting.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 7, 1859.

OVARIOCTOMY—LETTERS FROM DRS. GROSS AND LYMAN, &c. &c.

*“Philadelphia, June 25, 1859.*

“MESSRS. EDITORS,—In looking over your JOURNAL, a few days ago, my attention was attracted by a criticism of a paper on ‘Encysted Tumor of the Ovary,’ in the *American Journal of the Medical Sciences*, by my former colleague, Prof. Miller, of Kentucky. One of the sentences of your article reads as follows: ‘An exception to this general rule of Western fairness and courtesy must be filed in reference to one instance, at least, of lately transplanted Western talent.’ Further on, these remarks occur. ‘Thus far Dr. Miller; and as he appears, as we have previously said, either not to have seen Dr. Lyman’s Essay, or else chooses to ignore it, we append for his perusal, and for that of Dr. Gross—who is referred to as authority, and who seems equally unacquainted with Dr. Lyman’s researches—the following statements in reference to *transatlantic* priority.’

“From the fact that I am the only professional man of the West that has recently settled in the East, and from the circumstance that you allude to my name in another part of your article, I assume that what you say about ‘transplanted Western talent’ is designed to mean me. If so, permit me to say that you have done me great injustice in accusing me of unfairness and want of courtesy in regard to Dr. Lyman’s Essay. I am not aware that I have published anything since the appearance of that production, in which it would have been possible for me to notice it. That I should have spoken of it in my ‘Report on Kentucky Surgery,’ published in 1853, and, consequently, three years *before* the Essay of Dr. Lyman, would hardly have been possible for one so destitute as I am of clairvoyant power. That Dr. Lyman has, throughout his Essay, ignored that Report, appears very evident from the fact that he has never, even once, alluded to it in any manner, although it comprises an account of the first attempt that has ever been made to establish the claims of Dr. McDowell to the credit of having been the first to perform ovariectomy. Not only did I clearly establish this fact, but I was at the pains to collect, at great trouble and inconvenience, the particulars of a number of cases of that operation by the Kentucky surgeon, of which no notice had ever appeared before. If Dr. Lyman has alluded to these cases, he has given me no credit for them; but I take it for granted that it was ‘just possible’ that he had not seen my Report. If you will take the trouble to examine that document, you will find that nearly fifty pages of it are devoted to the consideration of the life and services of a man, who, whatever we may think of ovariectomy, must always be regarded as its legitimate father, and whose name is destined to hold an honorable place in the history of American surgery.



"Trusting that you will place me in a proper position in regard to this matter, in the next number of your JOURNAL, I am, gentlemen, very respectfully, your obedient servant,  
S. D. GROSS."

In justice to Dr. Gross, we would say, that, by inadvertence, we overlooked the date of his "Report on Kentucky Surgery," which document is mentioned by Dr. Miller in his late paper upon ovariectomy in the *American Journal of the Medical Sciences*. Of course, that Report having been published in 1853, three years before the appearance of Dr. Lyman's Essay, cognizance of the latter could not have been taken in it. The Report itself, we have never seen, and doubt whether copies were ever sent to this *provincial* portion of the medical world. We observe a notice of it, in complimentary terms, in the volume of the Transactions of the American Medical Association for 1853.

As to the mere fact of the statistical difference in the statements of Drs. Lyman and Atlee, Dr. Gross has had opportunity enough merely to state it, in his own journal, had he thought proper.

The first sentence which Dr. Gross quotes from our editorial article of May 5th, is wrongly applied by him. We do not mean as to his being the one alluded to, for we *did* intend him, but as to the point. We were not, just then, referring to a neglect by him of Dr. Lyman's Essay, although, by reason of the close connection of the sentences, it might naturally be so inferred, but to the general tone of the criticism which pervades his journal toward us of the North-eastern corner of the States. However, he is by no means alone, in his part of the country, in the display of this *animus*. True criticism, no one in this quarter would ever shrink from; it is alike necessary and welcome. But *true* criticism is both *fair* and *courteous*, even if severe; neither should it be gauged by what may have been previously said, in fairness and honesty, of any of the *critic's* productions. Such, at least, are our ideas of what criticism ought to be.

In whatever point we have done Dr. Gross injustice, we desire to apologize. We believe the one above mentioned is all.

At our request, Dr. Lyman has replied to that portion of Dr. Gross's letter which has reference to him, and we append his note.

"MESSRS. EDITORS,—In reply to the communication from Dr. Gross, which you have been kind enough to submit to me, I desire to state, distinctly, that I have never seen that gentleman's "Report on Kentucky Surgery." While writing the Essay on Ovariectomy, I used all diligence to obtain everything important or unimportant, relative, not only to the operation, but to the disease, its pathology, history and treatment, and spared neither expense nor time in the pursuit. My own mind being by no means clear as to the propriety of the operation, I wished for all the evidence, *pro* and *con*, that I might be able to draw such conclusions only as the data themselves would justify. How far I was successful, others must judge; but under the present circumstances, I suppose that I may be permitted to say, that the spirit of the Essay met with general approval, and though from the same statement of facts on any given subject, different minds may draw different conclusions, I believe none have been able to question the facts, or doubt the freedom from bias with which they were set forth.

"My present impression is, that I had never even *heard* of Dr.

Gross's report until *after* the publication of the Essay. I certainly should not have "ignored" it, as I am accused of doing, if it contained authenticated reports of cases by McDowell, other than those which I had. So much to clear myself of any suspicion of want of fairness.

"As to the question of priority, which has been brought up again by the articles of Dr. Miller, Dr. Gross, and yourselves, I had intended to keep silence; but as I am offered such an opportunity, it may seem proper that I should say a word. I yield to no one in my appreciation of the claims of American surgeons to pr eminence in their art. Having seen the most distinguished operators abroad, and having had ample opportunities of witnessing their skill both at the bedside and at the operating table, the "foreign fever" has never proved so bewitching as to make me give up my belief that American surgeons may challenge the world, for diagnostic skill, operative boldness and tact in the surgical treatment of surgical disease. I should be glad, therefore, to think that the credit of having originated ovariotomy could with justice be claimed for our side of the Atlantic. Dr. Gross thinks that he has "clearly established this fact." I have not seen his paper, but as between L'Aumonier and McDowell, I think as clearly that he cannot have done so. The evidence is before the profession, and they are as clearly able to judge for themselves. Whether L'Aumonier intended the radical operation when he began, is not material to the issue—granted that he did not, but found, as he proceeded, that it was advisable? The propriety of such a course had been suggested forty years before, by his countryman, De La Porte, and encysted ovary was no new thing to the surgeons of that day. Who shall take from him the credit of having in such an emergency been found ready to be the first ovariologist? Very many of the cases admitted since—and justly too—into all the statistical tables, were confessedly exploratory operations, commenced in doubt as to the ultimate proceedings which might be required. I have no desire, however, to discuss the point. Your article of June 9th, is, I think, sufficiently conclusive. I have no other interest in the matter than a desire to see justice done, regardless of geographical limits.

GEORGE H. LYMAN.

#### A CHALLENGE.

"MESSRS. EDITORS,—In the number of the JOURNAL for June 23d, after a comparison between the Connecticut Medical Society and the Society of this State, to the disparagement of the latter, you express the 'conscientious belief,' for reasons set forth at large, that the hom opath *obtains his money by false pretences*. You wish that the Massachusetts Medical Society might 'dare' to follow in the steps of those of its sister State; and you also avow that you are 'contending against abuses, not condemning individuals.' Now, gentlemen, the Massachusetts Medical Society has an article in its By-Laws for the expulsion of any Fellow 'for any conduct unbecoming an honorable physician and member of this Society'; and, 'on complaint of three Fellows' the President is obliged to summon a Board of Trial to hear the charges and sentence the offender on conviction. It is customary to rail against the Society as though it were an individual and could act save through the individuals that compose it. But the Society is *not* an individual, and has no individual prosecuting officer;

and, unfortunately, 'what is everybody's business is nobody's.' But if you know of any case of 'false pretences,' why not make a complaint of it, as conduct unworthy of an honorable physician, instead of scolding *the Society* about it? If you 'dare,' let us have one trial at least, before the Society is held up to condemnation. You are *two*, and as it is a case not 'condemning individuals,' if you want a third name, on a complaint to the President, for the sake of a trial, you shall have mine. What say you, Messrs. Editors, are you ready?

'Twere good you do so much for charity,  
If not, henceforth forever hold your peace.

AN OLD SCHOOL DOCTOR AND COUNCILLOR."

The above communication, couched in *duello* terms, we should, on grounds of principle, decline to notice; but, as it emanates from a highly respectable source, we will reply to it.

We are fully aware of the existing amount of *law* in the premises, but it is, virtually, a dead letter in the class of cases to which we had reference in the article to which our challenger alludes. And it is precisely because the Society, *per se*, has never used the law in this exigency, that we have, at various times, employed the terms concerning that venerable body that we have. The "Old School Doctor and Councillor" knows, as well as we do, that whenever action against Homœopathy has been invoked in the general meetings of the Society, it has been crushed and smothered by the cry of "*inexpediency*;" and now, forsooth, he calls for trial before the same bar! Ought he not to have consulted the "Commissioner on Trials"—that newly appointed Officer, whose occupancy of office he apparently forgets—before sending so hot a "challenge"? Were we not convinced of the honesty of purpose eminently characteristic of our correspondent, we should say he was trifling with a grave question. But to do that would be simply childish—we dismiss the idea as improbable. It cannot surely be, that when we have only very lately had too palpable evidence of concession to Homœopathy, in public places, from sources whence it should last of all have been drawn, that "Councillors" should aid and abet the treason!

However, let "Old School Doctors and Councillors" do just as they choose in the matter—the responsibility is theirs, not ours. As to the "dare" portion of the "Challenge," we shall always be ready to add our names to that of our correspondent, or of any other respectable and honest physician, with a view to bring "abuses" to "trial." As to the "false pretences," we hold our former opinion, and refer the reader to our "reasons set forth at large" in the editorial remarks already alluded to. Were we to bring a hundred such cases to trial, we doubt if the Society, or its tribunals, could work out a condemnation for them, in the present lukewarm condition of feeling displayed toward a growing abuse. There is decidedly "something rotten" in this our State Society, in these respects—they do things better in Connecticut. We are not likely "to hold our peace," if we see occasion to speak, even at the august bidding of our truly respected correspondent.

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*Vermont Medical Society.*—We regret that an invitation to the Semi-annual Meeting of the Vermont Medical Society, which was intended for the medical public at large, was crowded out of our last week's number. The meeting was



held at Windsor on Wednesday and Thursday, June 29th and 30th, and from the attractions set forth in the invitation must have been an occasion of much interest. We hope there were many in this State who were able to take advantage of the healthiness of the season to visit that delightful town, and while enjoying the pleasures of professional and social intercourse with brethren of another State, to find relief in the freedom from the daily cares and responsibilities of medical practice. We understand that an excursion to the summit of Ascutney Mountain was planned for the 30th, and if the weather was as fine in Windsor as it was in Boston, on that day, it must have been a most delightful expedition. Our correspondent, the Secretary of the Society, Dr. Pineo, writes us that the Medical Department of the University of Vermont is in a very flourishing condition. Twenty-seven gentlemen graduated at the Commencement on the 8th; the whole number of the class was 82. The people of Burlington, with their usual generosity, have built within a year a very commodious and convenient medical college building, for the use of the department, at an expense of near ten thousand dollars.

*Connecticut Valley Medical Association.*—This Association was organized at a meeting of nearly forty physicians in Bellows Falls, Vt., on Wednesday, June 15th. The following officers were chosen: *President*, Prof. E. E. Phelps; *Vice President*, Dr. Sam'l Webber, of Charlestown; *Recording Secretary*, Prof. Dixi Crosby, Hanover; *Treasurer*, Dr. Samuel Nichols, of Bellows Falls. Committees were appointed to report at a future meeting on the subjects of Surgery, Obstetrics, Dysentery, Typhoid Fever and Scarlatina. The proceedings passed off with much interest and harmony, and after a few appropriate and congratulatory remarks by Prof. Crosby, the meeting adjourned.

*State Assayers and Alcoholic Fluids.*—An esteemed correspondent, at a distance from this wonderful city, wishes we would "publish the methods of Analysis practised by" our "distinguished 'State Assayers' in determining pure and impure alcoholic fluids, and the *substances* added to the latter class." [Italics not ours.] We should be very happy to do so, but despair of being able to gratify the appellant, for—would it not touch "Othello's occupation" too closely?

WE sincerely regret to learn that Dr. John Neill has resigned the position he has filled so creditably, of Surgeon to the Pennsylvania Hospital. The vacancy has been filled by the election of Dr. Edward Hartshorne, a gentleman whose qualifications to perform the duties of the office are well known.—*Medical and Surgical Reporter.*

"The American Dental Convention" will hold its Fifth Annual Session at Niagara Falls, on Tuesday, the 2d day of August next.

*Health of the City.*—The most remarkable feature in the mortality of the past week is the number of fatal cases of smallpox, being the same as the preceding week. Of the deaths from consumption, but 2 were those of males, while there were 8 of females. The difference in the mortality of the two sexes has been in some weeks of the present year very remarkable. Of the 11 instances in which this difference has been over 5, the excess has been of males in 9 cases, and amounted to 8, 12, 13, 8, 18, 8, 7, 16 and 14 respectively. In the 2 instances in which the excess of deaths was on the part of females, the difference was 11 and 17. The total amount of deaths in the corresponding week of 1858, was 53, of which 18 were from consumption, 1 from pneumonia, 3 from whooping cough, and 0 from smallpox.

DIED.—At Warren, 30th ult., Dr. Almond Gushee, 50.—At Branford, Ct., Dr. Willoughby L. Lay.

*Deaths in Boston* for the week ending Saturday noon, July 2d, 53. Males, 27—Females, 31.—Accident, 2—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 2—burns, 1—consumption, 10—convulsions, 2—dropsy, 2—dropsy in the head, 4—drowned, 2—infantile diseases, 4—puerperal, 1—erysipelas, 1—scarlet fever, 2—disease of the heart, 1—hydrophobia, 1—inflammation of the lungs, 2—congestion of the lungs, 2—old age, 1—palsy, 1—purpura, 1—sore throat, 1—smallpox, 6—suicide, 1—teething, 1—unknown, 1—whooping cough, 4.

Under 5 years, 27—between 5 and 20 years, 8—between 20 and 40 years, 11—between 40 and 60 years, 8—above 60 years, 4. Born in the United States, 42—Ireland, 13—other places, 3.

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## CASE OF HYDROPHOBIA.

[Communicated to the Boston Society for Medical Improvement and for the Boston Med. and Surg. Journal.]

BY J. MASON WARREN, M.D.

THE following account was principally written from data furnished by Mr. J. Stearns, Jr., Surgical House-pupil of the Mass. General Hospital, who took much interest in investigating the facts of the case. The patient was a male child, by name Patrick Murphy, 3 $\frac{1}{4}$  years of age, living at 69 Endicott Street, and was brought into the Hospital on June 25th, 1859.

Exactly five weeks before, he was bitten by a dog six or eight months old. The animal at the time was not thought to be rabid, although on the same day he had "snapped at and slightly bitten" a man in the hand, as was thought at the time from playfulness not unusual with puppies. The little boy had, at the time, a cracker in his hand, which the dog attempted to seize, taking into his mouth with it the whole of the right hand, and inflicting a wound on each side of the wrist. The wound on the anterior surface was from the half to two thirds of an inch in length; that on the opposite side was like the mark from a simple puncture. The wounds at the time were treated by Dr. Owens, who cauterized them not long after the injury, and ordered a poultice. There was no further treatment of them. They were very sore for a time, particularly the one in front, but the child continued as well as usual in his general health, and nothing remarkable occurred till a week previous to his admission.

At this time the mother's attention was drawn to the patient by what she called a "dulness" coming over him, followed by a "silliness and listlessness." Four days before his entrance to the Hospital was the first onset of the paroxysms, which were described by the mother as having been quite formidable; they were very violent when water was brought into his neighborhood, so that the mother was obliged to give up washing the child. He manifested a desire to take food and drink from his mother, though on attempting to swallow he was quite unable to effect it. For this reason he took scarcely any nourishment for four days

before he was brought into the Hospital. The preceding facts were principally obtained from the parents of the child.

On his entrance into the House, he was in a highly excited condition, tossing his head, and throwing about his limbs in every direction. He spit violently, or attempted to do so, as if his mouth was full of feathers, or tow; occasionally crying out, or snapping at those about him, saying that he wished to bite them, and they must get out of his way. His eyes were very bright, his face pale, and there was a lividity about the eyelids and generally over the whole surface, with a quivering of the lips and muscles of the face, and constant tremor of the whole body. On taking a dose of morphine he was quieted, and the nurse prevailed on him to swallow some milk from a mug. After a time he drank a whole mug full, and ate a small piece of cake. His manner of taking the milk was not as if he had any aversion to it, but from apparent consciousness of the effort necessary to swallow. He clutched violently at the mug, with eyeballs starting out, and the whole frame undergoing the greatest agitation. The effort of swallowing was attended with a sense of suffocation, and the corners of the mouth were strongly retracted. He exhibited the same symptoms on taking cake; and from his great desire for both, appeared to be suffering much from hunger. A viscid discharge was observed to take place from the mouth, by the nurse and others. The urine was passed in great abundance through the afternoon and evening.

He became quite calm through the great attentions of the nurse, who seemed to inspire him with confidence, and went to bed with him in her arms, in spite of the remonstrances of those about her. He talked incessantly and incoherently, though at times he could be understood. He seemed to appreciate much the kindness of the nurse, and told her he should bite her; but when she put out her arm to him, he kissed and stroked it with his hand. He had several paroxysms after his entrance, with intervals of comparative quiet, the attacks being only of short duration, lasting about five minutes each. In this condition he continued most of the night, with constant watchfulness and tossing about, and at half past three, A.M., he died in one of the convulsive attacks.

No examination of the body could be obtained from the parents.

Mr. Stearns, at my request, visited the house at which the child had resided, for the purpose of obtaining some more facts in regard to the case, but did not elicit anything of importance beyond the preceding. He saw the wife of the man who was bitten on the same day with the little boy; the bite was a very slight one, on the joint of one finger, and the woman said no blood came from it. The man promised to be at the Hospital on the following day for me to examine it, but for some reason did not appear. The dog was drowned, and Mr. S. could get no further history of it. A superstition existed with them, of which they informed him, that



if the dog could have been killed by one of the family, the patient would have escaped; also, that if the liver of the dog could have been applied to the wound, the effect would have been equally efficient, which of course naturally implied the death of the dog.

In connection with this case of hydrophobia, I would remark, that about twelve or fifteen years since, I proposed, at a meeting of this Society, for the purpose of obtaining information, the question, whether any case of this affection had ever occurred in Boston, or whether there was any tradition of one in the New England States; but no answer was elicited in the affirmative.

The first case reported in Boston appears to be that of Dr. Coale, in October, 1848, which was followed shortly afterward by that of Dr. Curtis, in Lowell, supposed to have been caused by the same dog, which had escaped from Boston and made his way to the latter city. This was followed by other cases in various directions, running through a course of two or three years, during which time I saw in consultation, in Brookline, a patient of Dr. Wild, and the case of a child brought into the Hospital within twelve hours after having been bitten, where the parts were freely cauterized at the time, and within twenty-four hours from the time of the accident cut out by Dr. Cabot. This patient returned home within four weeks apparently perfectly well, but by the expiration of another week the disease appeared, and she was returned to the Hospital with all the symptoms similar to those detailed above.

All these patients died after three or four days' illness, the attack coming on in an average of about five weeks from the reception of the injury.

Since that period the contagion, if it may be so called, or inoculation, seems to have exhausted itself, and but few cases have been recorded until lately, when rumors have begun to be heard of its re-appearance. I have constantly had persons call to consult me with very severe bites from dogs, but not finding from them that the animals had shown any signs of rabies, I have not thought it warrantable to apply so severe a remedy as cauterization, or excision, to an accident so common. Under the present circumstances, i. e., a disposition to rabies among the canine race, I should feel myself called upon to make a thorough application of the nitrate of silver to the wound, as recommended by Mr. Youatt, who considered this remedy as almost infallible if applied immediately, and who from his liability to be bitten always carried a bit of caustic in his pocket, and had many times made use of it with effect on his own person. Or, if circumstances required, free excision should be made of the injured part.

The following remarks of Mr. Youatt are of so much value that I have extracted them at some length: "The wound should be thoroughly washed and cleansed as soon as possible after the bite

is inflicted; no sucking of the parts, as is advised by many, for the purpose of extracting the poison, as the presence of a small abrasion of the lips or interior of the mouth would most assuredly subject the parts to inoculation. If the wound be ragged, the edges may be taken off with a pair of sharp scissors; the wound must then be thoroughly cauterized with nitrate of silver (lunar caustic), being sure to introduce the caustic into the very depths of the wound, so that it will reach every particle of poison that may have insinuated itself into the flesh. If the wound is too small to admit of the stick of caustic, it may be enlarged by the knife, taking care, however, not to carry the poison into the fresh cut, which can be avoided by wiping the knife at each incision. Should the wound be made on any of the limbs, a bandage may be placed around it during the application of these remedies, the more effectually to prevent the absorption of the veins. Nitrate of silver is a most powerful neutralizer of specific poisons, and the affected parts will soon come away with the slough, no dressings being necessary, except perhaps olive oil, if there should be much inflammation of the parts. If the above plan be pursued, the patient need be under no apprehension as to the result, but make his mind perfectly easy on the point."

A question has been frequently asked, whether these symptoms might not be of a tetanic character from the irritation of the wound. There has not been the slightest appearance of trismus, or locked jaw, in any of the cases I have seen, and the lapse of time from the reception of the wound has been too long to be attributed to such a cause, the wounds having healed, and for the most part having shown little signs of irritation.

At the moment of writing this article, I have had a case of trismus or locked jaw at the Hospital, which, although not severe, affords an opportunity of comparing this rare disease with hydrophobia. The patient was a woman, 45 years of age, in pretty good health, who had a large plank fall upon her, producing a compound fracture and dislocation of the ankle-joint. I saw her about half an hour after the reception of the injury; the lower extremity of the tibia projected through a large wound at the ankle-joint, the internal malleolus being broken off and left in the wound. This I removed with a knife, so as to allow me to restore the dislocated bone to its proper place, with the hope, in the first view of the case, to save the limb. On further examination, however, when the restoration of the bone allowed of a more full investigation of the joint, I found the injury of the tibia to be complicated with a comminuted fracture of the fibula, some bits of which lay loose in the joint. Another fracture of the fibula also existed about half way up the limb. Amputation of the leg was therefore resorted to by the double flap, just above the upper fracture, in what appeared to be sound parts.

Although everything seemed to be favorable for union by the

first intention, yet the wound partially suppurated, and put on a sloughy appearance, the vital powers of the tissues having probably been injured by the blow, although this at the time was not apparent. The patient, however, complained of little or no pain, but seemed to be quite comfortable and in good spirits, though with little appetite; she had no fever, and no other symptoms of constitutional irritation.

On June 30th, when I visited her in the morning, she told me that her jaws were stiff, and she could only open them about a quarter of an inch by taking hold of them with her hands. She said that she had felt some soreness in her jaws for about four days, but had not thought it of sufficient importance to mention. I at once suspected the nature of the disease, and requested Mr. Stearns to keep a close watch upon her, and inform me if anything unusual occurred; I also encouraged her to take something of a stimulating nature. She herself was not advised of our suspicions.

In the afternoon she was suddenly taken with a slight tetanic spasm, great difficulty of breathing, and coldness of the extremities; stimulants were administered, hot applications made to the feet, with other external remedies, and when I saw her about 6, P.M., she was in a very comfortable condition. Her jaws at this time had to be pried open with a bit of stick. I ordered a drachm of the solution of the sulphate of morphia to be administered every three or four hours, and as much brandy to be given as she was disposed to take.

She passed a very quiet night under the treatment directed, and on the following day pronounced herself much relieved; the stump was suppurating freely, and gave her no pain.

The mental condition of this patient and of the one with hydrophobia, it will be perceived, were strikingly different. This one was perfectly calm and collected, unlike the semi-delirious, agitated and violent state of the patient with the latter disease, the pulse not much affected, being rather below than above the natural standard; in hydrophobia it is very rapid, as has been the fact in all cases of locked jaw that I have seen. To a person who has seen the two diseases, I do not think it would be very easy to make a mistake in the diagnosis.

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#### THE EFFECTS OF THE CONSANGUINITY OF PARENTS UPON THE MENTAL CONSTITUTION OF THE OFFSPRING.

BY JOHN BELL, M.D., NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

PERHAPS no opinion, upon subjects of a medical character, is more widely diffused among the public, or more tenaciously held, than that the results of the marriage of blood relations are almost uni-



formly unfortunate. This opinion has been so long held and so often reiterated, that by sheer force of these circumstances alone it has come to be regarded as an unquestioned and unquestionable fact. Almost every one, from the forward school-boy and the wise old woman, to the dignified and erudite divine, will repeat that the common experience of all time and every country has proved it so conclusively, that to doubt or question its accuracy is tantamount to an exhibition of either the grossest ignorance, or the most wilful and culpable obstinacy, or a weak desire of appearing wiser than one's generation by the enunciation of an astounding paradox.

But notwithstanding this opinion is so general, it is by no means clear that it is so ancient as is commonly supposed, or that the ancient laws forbidding the marriage of relations were founded upon an experience of the evil effects of such alliances. It is evident that the laws of the Jews, in regard to this subject, were founded upon a different idea, for in the same place (*Leviticus*) where the marriage of blood relations is forbidden, we find that alliances between those who are closely connected, but still not *related*, are also forbidden, in almost the same terms. Indeed, throughout the whole of these commands, by the language employed, as well as the fact related above, it is evident that the grounds of the prohibition were merely the preservation of public decency between the sexes, among those who, from family connection, would naturally be thrown together upon terms of great intimacy and friendship. The fact that the sons of Aaron were commanded to marry their own sisters, and ever afterward to marry their own kindred, may be taken as another proof.

It is often said that this opinion is the result of a long-continued observation of the evil effects of such alliances. But it seems to me highly probable that it had its origin in times much more recent than this would imply—most likely within a few centuries. These laws have been regarded as divine commands, and a mistaken harshness of piety has apparently fixed upon a deterioration of the offspring as a fitting punishment for their infringement.

However the idea may have had its origin, it is certain that it is strongly fixed in the public mind, and that previous to a very recent period, it was completely destitute of anything like proof of truth. In fact, it could not, by any courtesy, have been considered anything more than a wide-spread and vigorously-maintained prejudice. But a prejudice of this kind \* does not remain entirely with the non-medical public. It invades the profession, and accordingly this one was nearly as strongly fixed and as destitute of foundation with them as among others. If the opinion had always remained in this crude state, even among physicians, it might well

\* It is a curious and remarkable fact, that nearly all the most whimsical, and at the same time widely-spread popular superstitions (and also those most firmly fixed), connected with physiology and pathology, have reference to generation and the sexual system.

have been left to itself; at any rate, it would have been unworthy of a serious and labored refutation. But of late years it has become altogether more respectable, through the fact that several bodies of statistics have been collected by different physicians, to determine its truth, and that these, in a greater or less degree, have appeared to sustain the popular views of the matter.

But although it appears to have been agreed upon that the sins of the parents are (or ought to be) visited upon the children, in their possessing a less perfect organization than others, it does not seem to have been clearly determined exactly in what manner this inferiority shows itself. It has been averred that conception is less likely to occur, and that when it does occur, it comes to an end by abortion. (In Leviticus, among the punishments denounced against those breaking some of the laws of marriage, is the childlessness of the parties committing the offence.) Next, various imperfections in vigor of constitution, resulting in premature death, also in development, in a greater or less degree, from hypospadias and hare-lip to the most strongly-marked monstrosities. Finally—and in our own country this is the most widely entertained of all—mental hebetude of various degrees, even to complete idiocy, and a peculiar predisposition to the various forms of insanity. These are certainly formidable results, as stated, and deserve a most careful and unprejudiced investigation, and, if true, a reprobation of such alliances. But are they true? Medical statistics are almost proverbially apt to be deceptive, and I believe that those collected for the elucidation of such points as these—already firmly rooted in popular belief—are *peculiarly* apt to be so. It seems to me that there are good grounds for the opinion that those which have been brought before the public for the determination of the question are unworthy of being depended upon with that firm reliance which figures are always supposed to command. This is not one of the questions, to the determination of which, it is intrinsically difficult to apply the numerical method. On the contrary, it seems to be one to which it is peculiarly applicable. It is capable of being answered with absolute certainty in this way, if the statistics gathered only represent with accuracy the real state of facts.

The chief reason why I consider them unreliable, is, that a variety of circumstances concur to bring those instances in which the results of such alliances have been unfortunate, prominently forward, so that they alone are taken to represent the results of the totality of such marriages. Before glancing at the reasons which induce me to this belief, a brief statement of the conclusions arrived at by those authors who have adduced such statistics, will contribute to the elucidation of the subject.

The first writer who has taken this method of investigation, so far as I am aware, is Devay (*Hygiène des Familles*). His work was originally published in 1846; since then, the number of his

cases has been considerably increased. His deductions are founded on 121 instances of the marriage of relatives. These are reported in rather a loose manner. The fact upon which he lays most stress, is the great number of these unions that were sterile: of these, there were 22. Then come the abortions, of which there were 17. There were also 17 cases of malformation of the hands by excess of parts, and 2 cases in which there was deficiency. There were also several other cases of malformation of greater or less degree, from that of an anencephalous foetus to that of a patch of white hair upon the crown of the head. Among these, was 1 case of spina bifida, 2 cases of harelip, and 1 of congenital ichthyosis. The only instances in which there was any disorder of the nervous system, are one case of deaf-mutism and one of epilepsy. *There was not a single instance of idiocy or mental weakness or insanity.* The author has omitted to mention the number of children resulting from these marriages: we cannot reasonably suppose that they were less than 400, and it is probable that they were considerably more.

Dr. Rilliet, of Geneva, has also engaged in investigations on the subject. His conclusions are similar to those of Devay, but I am unable to give the data upon which they are founded. But the most able and elaborate article yet published, is that by Dr. Bemiss, in the Transactions of the American Medical Association for 1858. He reports a great variety of observations; the following is an abstract of the most important results:—Total number of cases, 833; number of children, 3942; number defective, 1134; deaf and dumb, 145; blind, 85; idiotic, 308; insane, 38; epileptic, 60; scrofulous, 300; deformed, 98; sterile, 53.

These abundant statistics may be thought sufficient to set the question forever at rest. Dr. Bemiss remarks, that they "are a sufficient number to warrant the belief that any additions thereto, *if procured in the same manner*, would not materially affect the ultimate result." This is probably true. These two series of statistics appear to have been collected essentially by the same means; viz., the report by various physicians of those cases which they happened to be conversant with, or which they themselves collected by other means (probably from the reports of non-professional persons, or those cases which common rumor had rendered notorious). Dr. Bemiss has not overlooked the fact that his cases have a degree of uncertainty about them, for he remarks that "it is natural for contributors to overlook many of the more fortunate results of family intermarriage, and furnish those followed by defective offspring or sterility."

In determining a medical question of this kind by means of statistics, peculiar care ought always to be exercised in presenting a fair average of cases. If this point is neglected, the result, whatever it may be, cannot be regarded as possessing more than a greater or less degree of probability. And when, as in these



cases, it is impossible, from the number of contributors and our ignorance as to their characters, to determine how much care has been exercised, we are totally at a loss to determine how much credit we ought to accord to the truthfulness of the result. In these cases, it appears to me, from a variety of considerations, that it ought to be very slight.

The multitude of influences that concur to render the statistics obtained in this manner unworthy of reliance, may be exhibited by comparison with a kindred subject. Suppose that we wished to determine, by statistics, the effect upon the offspring of an ungratified desire for strawberries, or other similar articles, on the part of the mother during pregnancy. Who can doubt but that in a majority of the cases we should be able to collect, by any method similar to that which has been employed in determining the effects of consanguinity, we should find that the offspring were "marked"? Or if we collected all the cases we could obtain, where women had been frightened by an owl, that the majority of children would have heads resembling that bird? And yet it is difficult to see why the statistics of these authors, obtained in a similar manner, upon a similar subject, which is connected with an equally powerful and wide spread, but vague prejudice, should obtain more credit than would be accorded to the above supposed cases. Even if these latter cases were obtained from physicians exclusively, though they would be more apt to be correct than otherwise, still the same causes of error would exist to an extent sufficient to cause them to be regarded justly as a mere burlesque upon medical statistics. All physicians are not philosophers, neither are all exempt from popular prejudices. I am not aware that they are less apt to be influenced by a previously conceived prejudice than other persons; and many of them are prejudiced in regard to this matter. These would be just the ones who would be likely to reply to circulars like those of Dr. Bemiss, as they have a theory to sustain. Statistics collected by such, would be little likely to present a fair average of cases. Besides, in those collected in the manner already spoken of, we have no guarantee that they were all personally known to the reporters; it is highly probable that many of them were collected from vague rumor alone.

How a preconceived prejudice blinds the minds of those possessed by it, is exhibited in the following extract from M. Devay. He had conceived the opinion that enchondroma was one of the effects of these marriages upon children, and the following is his method of substantiating it. "A young woman affected with phthisis entered the Hotel Dieu. Besides the principal disease, she had upon the left hand three tumors (enchondromata). Several times while she lived, she was interrogated concerning her family; we insisted upon knowing whether her parents were not in some degree or other related. She replied that she did not know, but that such a thing might well be, seeing that in the country where

she was born, families very often intermarried within themselves." If cases are to be collected in this way, there is no theory which cannot be substantiated, and the statistical method may be regarded as inapplicable to medicine, upon better grounds than those upon which so many are disposed to object to it. How can we suppose that subordinates would be more accurate than the principal in collecting cases? When cases gathered by a single individual of known reputation are so little deserving of credit, what ought we to think of them when a multitude of hands have been employed upon them, all working perhaps upon different principles?

It seems to the writer, from these considerations, that independent of the results arrived at, the statistics of M. Devay and Dr. Bemiss deserve but little credit. I believe this suspicion will become a certainty by a comparative examination of the tables presented by these two gentlemen.

In France it is the popular opinion that marriages of relatives are sterile in a greater proportion than common, while idiocy, insanity and deaf-mutism are not much thought of in this connection. In this country, on the contrary, these latter are believed to follow such alliances with great regularity, while sterility, or a less degree of fertility, are not esteemed one of their common results. Here no one hears the remark made of such marriages, that they have no children: it is always, "their children are all idiots." Now if the popular prejudice peculiar to each of these countries has been allowed to intrude itself into these two series of statistics, we ought to see its effects upon these two supposed consequences of these alliances. And we *do* see them, as the following comparison will show.

|         |                         |      |          |       |
|---------|-------------------------|------|----------|-------|
| DEVAY—  | Total No. of Marriages, | 121; | Sterile, | 22.   |
| BEMISS— | "                       | "    | 833;     | " 53. |

Quite a number of the cases of sterility in the American table, had been married but a few years. Still, in spite of this, the proportion is nearly three times as great in the former as in the latter. As there is no prejudice in this country that such marriages are likely to be sterile, so we find that the statistics obtained here do not give a greater proportion of such than probably exists in society at large. (Of 140 cases of marriage among people not related, and who lived in one neighborhood, there were 12 instances of sterility—a proportion considerably greater than the above cases show.) It is also commonly believed, in France, that these unions are not only more apt to be sterile, but that those not so have fewer children than usual. In this country there is no such prejudice, that I am aware of. The average number of children, as given by Dr. B., in those unions which had ceased producing (including those sterile), was 5.88 to each marriage. In the cases he gives for comparison, of persons not related, it was

6.70 for each couple. This latter is certainly considerably above the average. In the report to the Ohio Legislature, however, the number of children among those related was actually greater than among those not related.

As being the converse of this, let us compare the same tables, as to idiocy, insanity, deaf-mutism and epilepsy:

|         | No. of Children. | Idiots. | Insane. | Epileptic. | Deaf-Mute. |
|---------|------------------|---------|---------|------------|------------|
| DEVAY—  | 572*             | 0       | 0       | 1          | 1          |
| BEMISS— | 3942             | 308     | 38      | 60         | 145        |

Here, again, we see the same results—where there is no prejudice existing, we find no greater proportion of unfortunate cases than we should expect to find in society at large. On the contrary, in the cases of Dr. B., they seem enormously large. I believe the personal knowledge of cases, by almost every one, is sufficient to convince him that by no means so great a proportion as 1 in 13 of the children of relatives is an idiot, even if we go no farther than first cousins.

I do not know that there is a prejudice here as to epilepsy occurring often among the children of these unions; but the fact that epilepsy and dementia (the distinction between dementia and idiocy is commonly overlooked, even in the profession) so often stand in the relation of cause and effect, is sufficient to account for the large number of cases of this disease in the table.

Again, though not a popular prejudice, it is theorized that the children of these marriages are more apt to die young than others. We should certainly expect this to be the case, if what is so often repeated in regard to them is true, viz., that the vital force is less in them than in others. Of the 3942 children of such marriages, in Dr. B.'s table, 883 "died young." This is rather an indefinite expression, and of itself shows that the original reporters exercised little care or accuracy. If we regard the expression "young" to be limited to those under five years of age, the proportion of those "dying young" in the table is considerably less than what occurs in society at large. Ordinarily, about 30 per cent. of those born die before arriving at the age of five years, while here only about 22 per cent. are mentioned as dying young. If instead of five years, we take ten as being "young," the difference would appear still more strongly in favor of the children of kindred. If we are to trust the conclusions arrived at as to insanity, idiocy, &c., we certainly ought to conclude that the children of relatives possess a more vigorous constitution than others. But instead of either of these conclusions, or both of them, being true, it would appear more reasonable to doubt the accuracy of the facts upon which they are grounded. In the cases given by Dr. B. of persons not related, as a standard of comparison, only about 16 per cent. of the children are reported as "dying young."

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\* Estimated, bearing the same ratio to the marriages as in Dr. B.'s table.



Abundant statistics, gathered without any specific object being had in view in their collection, show that this is too small a proportion. The same is true in regard to the "scrofulous." Who can doubt that there is some mistake, when among 837 children of persons not related, only one is set down as being a subject of that dyscrasy? If such evident errors as these are to be found here, where there is no special reason for inaccuracy, we might with reason look for still greater ones in that part where prejudice comes in to assist carelessness.

These considerations seem to me abundantly sufficient to show that these statistics—all that have ever, as yet, been given to the public—should be regarded only as exhibiting the strength of the hold that this singular prejudice has upon the public mind, and the difficulty that is experienced and always will be experienced in the collection of accurate statistics, in the face of such a wide-spread theory. How few there are, who would not be willing to stretch a point, in order to furnish an argument against an alliance so repugnant to all our ideas of public morals as that of brother and sister would be.

In collecting cases to illustrate this subject, it is perhaps entirely impossible to do it without non-professional assistance. The only way by which we can arrive at the truth by statistics, with anything like an approach to accuracy, is by going over a given population, and obtaining absolutely every case of the marriage of relatives among them; and even then, in spite of our strongest efforts, I believe the popular prejudice would still creep in, and mar the result of our best endeavors. Indeed, it seems to me that this is one of those questions (by no means rare in medicine) to which statistics are almost inapplicable.

To illustrate the subject, however, as far as possible, I have collected *all* the cases of marriages of relatives in a small town, of somewhat less than six hundred inhabitants. It was taken without any previous knowledge of what the result would be. The following table will exhibit the number of these cases, and the number and condition of the offspring.

| No. of Cases. | No. of Children. | Deformed.     | Dead. |                   |
|---------------|------------------|---------------|-------|-------------------|
| 1             | 3                | 0             | 1     | } First Cousins.  |
| 2             | 12               | 0             | 5     |                   |
| 3             | 6                | 0             | 3     |                   |
| 4             | 2                | 0             | 0     |                   |
| 5             | 5                | 2 (hare lip.) | 3     |                   |
| 6             | 4                | 0             | 3     |                   |
| 7             | 2                | 0             | 1     |                   |
| 8             | 3                | 0             | 1     |                   |
| 9             | 7                | 0             | 3     |                   |
| 10            | 2                | 0             | 1     | } Second Cousins. |
| 11            | 4                | 0             | 0     |                   |
| 12            | 3                | 0             | 1     |                   |
| 12            | 53               | 2             | 22    |                   |

Of the deaths, 5 were occasioned by scrofulous diseases. Only 10 of them died before the age of 5 years; of these, 2 were stillborn.

There was not a single case of idiocy or insanity among them. The two cases of malformation (hare lip) might appear to sustain the common prejudice; but, upon examination, only prove that this defect is often hereditary, for it had occurred frequently in the family for several generations. Undoubtedly, the intermarriage of relatives would tend to strengthen any such hereditary tendency. There was no case of barrenness among them, and the number of children, though apparently small, was greater than in the average of marriages in the same town among those not related. For among 120 marriages, in which the parties were not related, there were only 416 children. The small number of children is accounted for by the fact that many of the parties had not ceased having children. The number of deaths among the offspring of those related, is also quite as small as is ordinarily the case. The number of deaths from scrofulous diseases, and also the number dying under five years of age, would compare favorably with those whose parents were not related. There were no cases of deafness or blindness among them.

One word as to the number of these marriages of consanguinity in the community. Dr. Bemiss concludes that there are about 5000 in the United States. I believe this number is far too small. In the place referred to above, no account was taken except of first and second cousins, yet there was one such marriage to every fifty persons. It is probable that in the small towns of New England such marriages are more common than elsewhere; still, making every allowance for this source of error, it seems to me that their number cannot be less than ten times as great as Dr. B. supposes. This supposition would allow only one such marriage to every 500 or more inhabitants.

The statistics I have given are complete as far as they go, and they are gathered in the only way in which we can place any dependence upon their accuracy, that is, by taking every case in a given population. Still, they are imperfect, for in some neighborhoods families are so mingled by intermarriage that it is difficult to tell what their exact relationship is. There are also obviously numerous other sources of error in the determination of so complicated a question by means of statistics. In this state of things, the assistance of reason and analogy will be quite as likely to give us the truth as a collection of suspicious facts; at any rate, they ought not to be neglected, as being unworthy to be trusted.

Among people of education, and those given to speculation and theory, there is the same opinion in regard to the results of breeding "*in and in*" among animals, that obtains in regard to the human race, among all. With those, on the contrary, who are practically engaged in stock raising, there is no such opinion—at least in this country. Among the latter, with animals possessing desirable qualities, it is the universal custom to breed in and in, in order to preserve or strengthen these peculiarities. And this is done without

any fear of deterioration in other respects. We often hear it remarked, that if no evil results show themselves in the first generation from the marriage of kindred, yet they are sure to occur if the same process is repeated, and this to such a degree that to escape is the rare exception. It is common to see breeding "in and in" carried to an extent among animals that is extremely rare in the human race. A familiar instance of this is seen in that breed of horses known as the *Morgan horses*. Breeding from kindred has been so common among them, that some of them still have three fourths or more of the blood of the original Morgan horse, and this although there have been as many as half a dozen generations intervening. Yet far from there being anything like degeneration apparent, these animals are universally celebrated for vigor of constitution, endurance and long life. The same course has been pursued in regard to the English hunting and racing horses; the result has been, that the descendants surpass their ancestors in all those qualities which indicate a high degree of perfection of physical organization. There is probably no country where this system has been so long pursued as in England; and there is no country which can compare with it in its horses.

It has been stated, too, that fowls, when bred in and in, degenerate, and that this is especially exhibited by a kind of hermaphroditism, in which the plumage of the cock and hen approximate to each other and the power of propagation is entirely lost after a few generations. Those who are familiar with the customary mode of managing these fowls, will at once recognize the untruthfulness of this account, so far as it relates to this country. On farms there is usually but one cock kept, so that in a few years, through the rapidity of their breeding, the whole flock must necessarily be nearly homogeneous in blood. Such results as those alluded to above, must be exceedingly rare, if they ever occur, so that they may, probably, with truth, be attributed to other causes.

If we commence at the lowest grade of life in which there is any appearance of sexual organs, we shall find that they almost universally exhibit a high degree of productiveness, and that likewise they are propagated from what we may regard as the highest degree of relationship—both sexual organs being placed upon the same individual. This is manifest throughout by far the largest number of plants, and is almost universal in the lowest grades of animal life. How can we suppose, if there is any general law in nature, causing a diminished power of reproduction in those individuals most nearly resembling each other, that these most striking examples would escape its influence?

A little higher in the scale of animal life, we find a phenomenon showing itself in the lowest of the genuine bi-sexual animals, which shows most conclusively that when nature has fixed the two sexes upon different individuals, she still has no antipathy to reproduction from kindred. This is the phenomenon of *parthogene-*



sis, or the impregnation, by the male, of several successive generations at once—a method of reproduction exhibiting itself in some of the most prolific of the forms of animal life. Here the last of the series of generations is as numerous, perfect and prolific in their turn, as the original. It is well known that bees, ants, and various other insects, propagate continually, as it were, by a sort of incest, if we may use the term, a single queen producing a swarm which does not separate for the purpose of accomplishment, but continually reproduces within itself. Here we not only see no natural antipathy (as is so often repeated regarding the most closely resembling individuals of the higher animals) between individuals of the same race and blood, but, on the contrary, a strong instinctive propensity to continue the race by the union of kindred.

Still higher in the scale, among the birds and mammalia, we not only find no signs of this sexual antipathy among kindred, but that instinct of safety which keeps a flock or herd together while they are young, still exercises its influence, in a less degree, to be sure, but yet with sufficient strength to render it far more probable than not that they will breed together subsequently.

The same instinct has its influence upon savage nations, which always have a less proportion of idiots and deformed than the civilized, where marriages within close degrees of relationship are rare.

The theory of the imperfect offspring of parents closely resembling each other in physical constitution, is discountenanced by various other facts. We know that animals of species widely separated—that is, of a most diverse physical organization—are unable to produce a hybrid offspring. As they approach each other more nearly in form, we find them beginning to manifest the sexual passion for each other, and capable of producing young; but these young themselves are incapable of continuing the hybrid variety. As they approach still closer in physical structure, and we arrive at varieties of what were originally a single species, this latter peculiarity has disappeared. Offspring are produced, themselves capable of continuing the crossed variety, but still neither so perfect nor so prolific as the parents. We see this phenomenon most clearly in the human race, in those varieties most widely separated—viz., the white and black races. It is a fact which has long been recognized that mulattoes are neither so perfect in physical organization, so active mentally, nor so prolific, as the parents on either side. There is certainly more antipathy existing between these races than between individuals of the same race, however closely resembling each other. The same is true of races less differing in appearance. It would certainly be a singular anomaly if the series should stop just at this point, and we should find that a certain degree of difference was most favorable to the reproduction of perfect organisms, and as we recede from this point, in

either direction, the offspring were less perfect. It would certainly be against the analogy of all nature; and until more trustworthy statistics than have yet been presented, prove it to be the case, we may well doubt whether the marriage of relatives is one of the causes which fill our insane and idiot asylums with abortive and diseased minds, and our general hospitals with the wrecks of physical frames.

## CARBONATE OF AMMONIA IN MEASLES.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having seen the carbonate of ammonia used in scarlatina with very satisfactory results, I was induced, about two years ago, to try its effects in measles. Since that time, I have used it extensively in that disease, and with most satisfactory results. For about two months past, this disease has prevailed quite extensively in this vicinity, and in a very severe form. In nearly every case that I have been called upon to attend, I have prescribed the carbonate of ammonia, and in every case where this has been given, the disease has come to a speedy and favorable termination. The medicine should always be given early in the disease, before the eruption appears; or if not, immediately upon its making its appearance.

My usual prescription is: R. Ammoniae carb.,  $\mathfrak{z}\text{i}$ .; aquæ camph.,  $\mathfrak{z}\text{iss}$ . M. Dose, a teaspoonful three times a day, varying the dose according to the age of the patient and other circumstances.

*Cedar Falls, Iowa.*

S. N. PIERCE, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 14, 1859.

### THE EPIDEMIC OF SMALLPOX.

THE prevalence of smallpox in Boston for several months past, to a very unusual extent, is a fact that ought to attract public attention, and to call forth an expression of opinion as to the means whereby such an epidemic may be prevented in future. Until a year ago, the disease had been almost unknown in Boston for several years. In each of the months of March, April and August, 1858, there was but a single fatal case; whereas, since the beginning of the present year, there have been 32 deaths from this disease. Moreover, the epidemic seems to be on the increase. The first death occurred in February. In March there was 1; in April there were 5; in May, 7; and in June, 18.

It is feared that there are many parents who neglect to have their children vaccinated, notwithstanding every facility that is offered. The City Physician's office is open daily to all who wish to be pro-

tected against smallpox, without money and without price, and the dispensary physicians are always ready to vaccinate those who apply to them. Moreover, there are certain physicians who make a good profit by exporting vaccine lymph to distant parts of the country, and who will almost pay for the privilege of vaccinating for the sake of securing the virus. Yet the number of those who, through ignorance, stupidity or prejudice, neglect to avail themselves of these opportunities, is, we fear, large. If to the many unprotected children in the city, we add a considerable number of adults in a similar condition, who arrive daily from the country by railroads and steamboats, we shall see that there is material enough to furnish a good supply of cases.

We know not whether it would be possible to extend vaccination farther, by law. In England, vaccination is compulsory; but though a good deal of benefit might be done in some districts by a law making it obligatory, in this State, yet (supposing it possible to carry it into effect) we should still be at the mercy of unprotected strangers, who arrive among us daily.

Until the blessings of registration are more clearly known and appreciated, we cannot hope for much improvement in the state of public vaccination. In proportion as the causes of disease are laid bare, and the comparative ease with which they may be prevented made evident, will be the desire to apply the remedy. These 31 deaths during the past few months might every one have been prevented, had the subjects been vaccinated; but this mortality represents but a small part of the evil. Every death from smallpox represents a number, varying from 4 to 10, according to circumstances, of cases which recover, and every case of smallpox represents a much larger number of cases of varioloid. We are told that upward of 200 cases of the latter disease occurred in a single ward of this city, during the winter and spring. Nearly, if not quite all, this amount of sickness might have been prevented by the adoption of means, not difficult and expensive, but most simple and easy of application. If vaccination were thoroughly carried out, smallpox and varioloid would practically cease to exist.

We should not omit to state that the City Physician has recently, without solicitation, sent vaccine lymph to every physician in Boston, and it is well known that he is always ready to furnish it to such medical men of the city as apply for it.

Our object in making these remarks is not so much to suggest any special means of extending vaccination, as to call the attention of the profession to the subject, in the hope that some feasible plan may be proposed by others, for which purpose we respectfully request those of our brethren who are interested in the matter to favor us with their views.

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#### UNCHANGEABLE SOLUTION OF PROTOXIDE OF IRON.

Messrs. Editors,—A preparation of iron, bearing this name, was made and introduced to the medical profession some months ago by Nichols & Co., Chemists, Boston. The mode of its preparation was described at the outset in a circular, freely issued to practitioners and druggists. I have used it in my practice with great satisfaction, either in its pure state, or in combination with syrup of ginger, whiskey, or



iodide of potassium. It is now in extensive use, and is found to be an agreeable and efficient form of iron.

Recently, however, a liquid bearing the same name, but differing in taste and color, has been thrown into the market by Charles T. Carney, druggist, of your city. This article differs so much in appearance from the *one originally* introduced by the *other* manufacturers, that I was induced to submit it to an examination. I observed that Nichols's Protoxide of Iron colored the cork of the bottle containing it; Carney's did not. Carney's effervesced on adding carbonate of soda; Nichols's did not. On adding aqua ammoniæ to each, Nichols's, on shaking, instantly turned to a dark color, shortly precipitating a large amount of protoxide of iron; Carney's manifested no change of color and gave no precipitate, so that a more careful and analytical examination of Carney's seemed to be necessary. This examination proved Carney's article to be a very small amount of iron in the form of a citrate, with a large excess of free citric acid. The amount of iron in the specimen procured at his counter is less than *one fourth* of that stated by him upon the label of the bottle in which it was obtained, namely, twenty grains to the ounce.

Finally, then, Carney's Protoxide of Iron contains *no free protoxide of iron*, but does contain 4.09 grains to the ounce of the *citrate of iron*, with an excess of citric acid.

CHARLES H. ALLEN.

Cambridgeport, June 17, 1859.

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#### HOMŒOPATHY IN MASSACHUSETTS.

MESSRS. EDITORS,—Permit me, as a member of the Massachusetts Medical Society, to offer a cordial concurrence in the sentiments expressed by you with regard to Homœopathy, in the article termed "Homœopathy in Connecticut and Massachusetts," published in the Boston Medical and Surgical Journal of June 23d.

Your opinions, so ably advocated, are in fact precisely those of nearly every member of the Massachusetts Medical Society; then why should they not avow them, as you have done, and by proclaiming these opinions in a collective form, compel Homœopathy to roll upon its own pellets, and sink or swim in its own dilutions?

For what purpose was the Massachusetts Medical Society instituted, and what was the primary motive of its revered founders? Was it not to protect the public against the specious encroachments of empiricism, and to place the medical profession as far as practicable upon an elevated and honorable platform? If so, does it not seem that individual self-respect and collective dignity, as well as obligation to the public, imperiously demand that the Massachusetts Medical Society should adopt a resolution stamping Homœopathy (in *their* opinion) as *unmitigated quackery*? Then we should at least have the satisfaction of performing our duty, and the public cannot in future charge us with indifference to their welfare, or ridicule us as too cowardly to define our position.

Very respectfully yours, C. M. W.

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The unusual specimen of description of the symptoms of disease which we printed in our issue of June 9th (p. 386), and which might well have evoked the angry shade of Lindley Murray himself, has elicited from a highly respected correspondent, the following example of a similar nature.

"\*———\*, June 10th, 1859.

"MESSRS. EDITORS,—The case on page 386 of your JOURNAL, this week, reminds me of one that came to my notice a few years ago, for chemical examination for poison.

"The man suspecting that a Boston chemist, who examined it and reported '*no poison*,' had been bribed, brought it to me, and when I reported '*no poison*,' he told me of the Boston examination, and went away satisfied.

"I think, in description of symptoms, this writer is fully up to yours, and if from his therapeutics you can tell to what school he belongs—all well.

"Perhaps the record may amuse some of your visitors, as it has not a few of mine. Truly yours, \*———."

"The first colt—taken Dec. 25 on tuesday and died Dec. the 26 on Wennesday—the next colt was taken Dec. the 29 & Died January the 3 Day on thursday—the next Colt was taken January the 3 Day on Thirsday and Died January the 5 Day on Sataday—as killed [i. e. was killed, intentionally, by his owner]—Give Linsit Oyl and hens Agues—Flaxseed tea—Green tea—Peperment tea—One was bled the First thing—Blud Fomed & frothed beyond Reason—the Food hardsgrass hay and Read top—they lay inund [in under] a warm shed—Not used A tall—Wauter handy—ben yoused for years—it is good wauter—they began to stagger a little—it incresed—Got down in 24 hours—they had great thirst—they breat smelt bad—No miss-stake after they got down—they eys reed and inflamed—Great heet—swelled bad round eys—and all over No misstake they had fits—Last Neara Minnit without breething they swet bad—they stumic when taken out the inside Darke brown sum blud bludy wauter—about half the stumuck was good and called helty.

"I had Great Docters and Fairyers and them had seen poysoned horses—they all give in—Poyson surposed to be Arsnic Arsenuck—the horse Grate his teath—lays his Nose back of his fore Lage, Grunt soe you cood hear them as Much as ten Rods—they Pawed all the time when not in fits. G. I. D . . . . ."

Our correspondent, in a postscript to his note accompanying the above remarkable production, suggests an explanation of the term "oapen" of the head, which occurred in the sample of English composition published by us, June 9th, and which we were puzzled to interpret; he says:—"the 'oapen' of yours is like the 'inund' of this [communication]—'oapen' may be *uppen* or upper part of the head, as 'inund' is *in under*."

We regard the explanation as a very ingenious one—indeed, quite a philological triumph. After all, these two specimens of English are not worse, considering their sources, than many manuscripts we have received from persons who attach the title of *Medicinæ Doctor* to their names. Were we to print some of these *as they are sent*, the effects would, we are persuaded, be wonderful, varied and peculiar.

*Ohio State Medical Society.*—The 14th Annual Meeting of the Ohio State Medical Society was held at Columbus on the 7th, 8th and 9th of June. The usual routine of business was gone through with, papers on the subject of Epilepsy, Insanity, Cataract, Mercurials, Surgery, and Obstetrics were read; and a public lecture on Drunkenness was delivered by Dr. Wright, of which 3000 copies were ordered to be printed for general distribution. But one member of the Society,

it was stated, had died during the last year. The following complimentary vote, relating to a distinguished member of the profession, and personally well known in this part of the country, was adopted :

"Inasmuch as Prof. R. D. Mussey, from its origin a member of this Society, is, on account of age and infirmity, now resident in a distant city, and disqualified for active duty in the profession ; therefore,

"Resolved, That in respect to his distinguished character, we request him to allow the Society to abate his assessments and continue his membership, and that the Secretary is hereby instructed to inform Prof. M. of this action."

Measures were adopted to secure a medical department in the State Library.

*Newspaper Puffs by Correspondents.*—There are two kinds of puffs—the puff quack direct, and the puff quack procured, and we have been asked which is the most disreputable. We do not hesitate to say that the puff quack procured is decidedly the more dishonest of the two. The quack that goes boldly into the newspaper, horn in hand, and proclaims his own shame, like a highway robber, risks the consequences, and is entitled at least to the reputation of a villainous gallantry. But the skulking empiric, who does this by proxy, and would gain the spoil while he preserves his bacon—would hold with the hare and run with the hounds—adds a cowardice to his cupidity that sinks him immeasurably beneath the contempt of the contemptible. We would feel a less oppressive sense of degradation in the recognition of the one than of the other, and we would "starve and rot" before we would recognize either. We are sorry to say that these puffs are generally to be found in religious papers—so called. One dear brother writes to the dear brother editor, of the wonderful success of dearly beloved brother, Dr. so-and-so.—*Nashville Journal of Medicine and Surgery.*

THE New British Pharmacopœia is being prepared by the Medical Council. At present there exist three works of the kind, under directions respectively of the College of Physicians of London, Edinburgh, and Dublin, producing a confusing diversity in pharmaceutical practice. The object is now to reconcile these inconvenient discrepancies, and produce a uniform national pharmacopœia.

Much temporary annoyance, it is believed, will be produced by the change, but the result will be satisfactory, and will create a uniformity which has been much needed.

It has been decided to adopt the Avoirdupois weight instead of the Troy weight, or Apothecaries' weight, and the work will be published in the English language instead of the Latin.—*Peninsular and Independent Medical Journal.*

DR. J. S. SULLIVAN has withdrawn from the *Savannah Journal of Medicine*, as Senior Editor. Dr. Juriah Harriss is now editor, and Dr. R. D. Arnold Associate Editor.

THE publication of the *Medical Gazette* of Louisville, and the *Medical Chronicle* of Montreal, has been suspended.

*Health of the City.*—Among the interesting facts relating to the last week's mortality is the great predominance of the deaths of females over those of males, being no less than 16. Six of the deaths from consumption, and 4 of those from smallpox, were those of females, as were all who died from scarlatina and from cancer. We notice 5 deaths from pneumonia, 4 from "puerperal diseases," and 1 from sunstroke. The total number of deaths during the corresponding week of 1858 was 40, of which 11 were from consumption, 2 from pneumonia, 1 from scarlatina, 1 from puerperal disease, 1 from sunstroke.

*Books and Pamphlets Received.*—Lectures on the Diseases of Women. By Charles West, M.D. (From the Publishers.)—A History of the Discovery of the Circulation of the Blood. By P. Flourens. Translated from the French by J. C. Reese, M.D. (From the Publishers.)—A Lecture on Idiocy. By John M. Galt, M.D.—*Cleveland Medical Gazette*, a new journal published monthly at Cleveland, Ohio.

DIED,—In Milledgeville, Geo., Tomlinson Fort, M.D., an old and distinguished physician of that place.

*Deaths in Boston* for the week ending Saturday noon, July 9th, 66. Males, 25—Females, 41.—Accident, 5—apoplexy, 1—inflammation of the brain, 1—cancer, 3—consumption, 7—cholera morbus, 1—croup, 1—dysentery, 3—dropsy, 2—drowned, 1—infantile diseases, 4—puerperal, 4—epilepsy, 1—scarlet fever, 4—gangrene of lungs, 1—gastritis, 1—disease of the heart, 2—hemorrhage of the lungs, 1—intemperance, 1—inflammation of the lungs, 4—marasmus, 1—measles, 1—old age, 1—premature birth, 1—smallpox, 5—sunstroke, 1—syphilis, 1—teething, 3—tumor, 1—unknown, 1—whooping cough, 2.

Under 5 years, 26—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 11—above 60 years, 4. Born in the United States, 43—Ireland, 17—other places, 6.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX.

THURSDAY, JULY 21, 1859.

No. 25.

"GRAY'S ANATOMY."\*

[Communicated for the Boston Medical and Surgical Journal.]

THE advent of a new work on Anatomy, if it be not a matter of congratulation, at least is one which excites curiosity. It would seem, at first sight, as if a subject which has been pursued with such zeal for so long a period, could hardly admit of being treated in any manner possessing novelty, or embodying new material. Anatomy is, however, a progressive science, though it is not in that part usually called descriptive that this progress is to be sought for. Few men can find, or persuade themselves, and convince others, that they have found, a new muscle, a new ligament, or a new nerve. The ground has been worked over too patiently to admit of profitable gleanings. But in the more profound, though not less practical ranges of study, in the principles of development, in the homological relations of human and comparative anatomy—illustrated as these so often are by teratology—in the revelations of the microscope, and the results of experimental physiology, we may look for and find the progress which makes existing anatomical treatises pass out of date, and creates the call for new ones. Anatomy formerly required nothing from its teacher but exactness in the art of description; it could be taught as well from the manikin of Auzoux as from the dissections of Ludovic Hirschfeld. This is not now the case. A muscle is no longer a cord; synovia is something more than an oil to facilitate friction; a viscus is not simply an apparatus for distillation or fermentation. The definition of true anatomy might almost be given in a literal reading of the ancient medal which represented an empty skull surmounted by a butterfly, and bore the motto, "Life in Death."

In the work before us, elegant in exterior, numbering between seven and eight hundred pages, profusely as well as beautifully illustrated, and with a professional reputation at stake, we na-

\* Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., Lecturer on Anatomy at St. George's Hospital. The Drawings by H. V. Carter, M.D., late Demonstrator at St. George's Hospital. The Dissections jointly by the Author and Dr. Carter. With three hundred and sixty-three Engravings on wood. Philadelphia: Blanchard & Lea. 1859.

turally look for a novelty in method and a freshness in description, which shall come pleasantly and profitably as a change for the familiar sentences of older text books; for a volume which, embodying in its pages the scattered facts and floating fragments of knowledge which find their way into periodical literature, shall accredit every man with what justly belongs to him, and yet appropriate the experience and observations of all.

We regret to say that these expectations are not realized. In his preface, the author observes that the work is "intended to furnish the student and practitioner with an accurate view of the anatomy of the human body." We shall have abundant opportunity, before finishing this article, to show how unsuccessful he has been in the accomplishment of this design. We shall find that his book contains but little which works already familiar to students do not contain, and that it omits much which these very books do contain, whilst it seems to ignore all those relations, which, as we have just remarked, make anatomy a progressive science. As has been well said, a mere list of hills, rivers and boundaries is not scientific geography; nor is a list of bones, muscles and arteries scientific anatomy. We look in vain for the ground on which the author can have planted his hopes of success, and are forced to suspect that in the illustrations is to be found the *coup d'état* on which he relied. These certainly redound to Dr. Carter's credit, more than the text to Mr. Gray's. Their originality and brilliancy, the novelty of their size and number, can hardly fail to captivate the student, and they deserve the highest tribute of praise for their general accuracy, and correct drawing. If we do see occasionally one of very inferior character, such as No. 275, 328, 329 and 342, or the copying of a blunder, as in No. 362, where the iliac fascia is represented as splitting to permit the passage between its two layers of the iliac vessels, we cannot fail to overlook them in the unusual merit which they unquestionably possess as a whole.

We have our own ideas, however, as to the desirableness of general illustration, and they have only been confirmed since Mr. Gray's book first made its appearance in America. Certain points can perhaps be learned more easily by the aid of a diagram or illustration; but let a student have general illustrations, and just so surely will he use them at the expense of the text; the disposition is irresistible, and the teacher even will find himself verifying a fact by a plate instead of the text. When this use is so much facilitated and encouraged by the plan of lettering each part, the illustrations are, we believe, really objectionable; few, if any students have the self-denial or decision necessary to use and not abuse them. That these ideas are not peculiar, but shared by others, is shown by the *Dublin Dissector* of the late Mr. Harrison, and *Ellis's Demonstrations*, two of the most successful anatomical books ever published, both of which have gone through several editions, and neither of them has a single illustration.

We should be glad if we had no graver fault to find than that Mr. Gray's work is illustrated. Though not prepared to use the rude expressions of the London Medical Times and Gazette, and say that it is "low and unscientific in tone," we do consider it superficial and incomplete, and too often careless and erroneous.

In the first place, we must complain of the frequent omission of, and constant meagreness in, its details of microscopical anatomy, though the introduction of these is made one of the boasts of the preface. We find not a word as to the minute structure of the elementary tissues, of bone, of the nerves, or of cartilage; with all the luxury of illustration characterizing the book, there are hardly a half dozen microscopic drawings. The same complaint may be made with regard to the history of development, of which such a display is made in the subject of osteology; the student seeks in vain to learn what the Wolffian bodies are, and is not even taught the difference between the foetal and adult liver. The equally important process of resorption is entirely ignored.

The subject of homology receives no recognition, and yet the homologies have become one of the most important and instructive departments of anatomical study. What can be more interesting than the fossa, pointed out so plainly by Dr. Holmes, which marks the insertion of the masseter muscle into the inferior maxilla, when looked at in the light of comparative anatomy, and contrasted, for example, with the same fossa in the lower jaw of a tiger; what more satisfactory than the homology of the supra-condyloid process of the humerus, so admirably elucidated by John Struthers; or, from either a general point of view, or in tracing the analogy between the two extremities, of the "supra-condyloid process" sometimes thrown out by the femur at the point of the insertion of the short head of the biceps, first described by Barkow and Dr. Wilbrand, which has hardly yet arrested general attention, but which corresponds so precisely with a normal process on the femur of the horse. The Warren Museum contains two specimens of this process, and we have, within a few days, compared them with the femur of "Old Black Hawk," at the museum in the State House, and are surprised at the accurate analogy between the normal and the occasional process. In our author's brief allusion to the homology of the patella we have, moreover, the perpetuation of what we believe to be an error, in the statement that its homologue is the olecranon. Mr. Owen ("*On the nature of limbs*," pp. 19 and 24) states that "in certain bats there is a development of a sesamoid bone in the biceps brachii, which is the true homotype of the patella in the leg," and that an extension of the styloid process of the fibula above the knee, which is met with in the *Ornithorynchus*, *Echidna* and some other animals, is the homologue of the olecranon. A statement like this, from an authority like Mr. Owen, ought not to be overlooked, even if it is not adopted. In



this connection it may be remarked, as a matter of regret, that, at this present day, it is not a settled question of how many bones the human skeleton consists; Mr. Gray makes them 206, whilst Mr. Humphry counts 220, Quain and Sharpey 197, and Wilson 246.

We find no allusion to that lamellated structure of bone, visible to the naked eye in an ordinary section, but which is made more so, after the immersion of the bone in acid, when the successive layers may be separated and peeled off. This arrangement, common to calculi, phlebolites, coagula, &c., must depend upon an intermission in the deposition of particles which would seem to imply a periodicity of activity in the processes of nutrition. It at once becomes interesting, therefore, as suggesting the question whether a similar "rhythmic nutrition" goes on in the softer tissues, the impressions of which cannot be traced, and institutes the inquiry as to what relation these processes have with the chronometrical ones which we see in plants, as well as in animals, in health and in disease, in the physiological functions, and even in the duration of life itself. The development of this idea has recently been the subject of an interesting and learned lecture by Mr. Paget, in which he expresses the belief that "the observance of time in organic processes is exact and universal; each species has a time-rate for the processes of life, variable, but not determined by external conditions; the several phenomena, commonly studied as the periodicities of human life, are only prominent instances of a law that is general and universal."

At p. 115, we read of the structure of the femur, "like that of other cylindrical bones, the *linea aspera* is composed of a very dense, ivory-like, compact tissue." Whilst we learn, for the first time, that all the cylindrical bones have a *linea aspera*, we do not feel that that statement compensates for the want of other information. It will hardly be believed, without turning to the book, that this sentence contains every word vouchsafed the student as to the structure of the femur. There is not a line as to the arrangement of the cancelli in the neck of this bone, and which has been so carefully studied in this country by Dr. Jeffries Wyman and Dr. H. J. Bigelow. This beautiful illustration of applied mechanics is not ignored by other English writers, for the disposition of its bony plates in a series of arches is too striking not to arrest the most casual observer, and plays such an important office in strengthening a part so liable to fracture, that we can hardly conceive of its omission by the author.

At p. 2, we find the bones divided into the usual classes of long, short and irregular, and the bones belonging to each of these sets are enumerated. We find neither the ribs or the sternum included in either of the categories, and these, perhaps, would be the very bones which the student would be puzzled to place for himself. Similar careless omissions prevail elsewhere, as at p. 601, where are enumerated under three heads the different viscera, viz., those

entirely invested, partially covered, and receiving no investment from the peritoneum. The pancreas and kidney are mentioned in neither of these classes. Again, at p. 307, we read, "the arteries are found in nearly every part of the animal body, with the exception of the hairs, nails and epidermis," no mention being made of the similar exemption, characterizing those more important structures, the cornea and cartilages. An equal negligence prevails with regard to the mention of common anomalies, which the text in certain places makes it apparent to have been Mr. Gray's intention to enumerate in detail. For instance, no allusion is made to the slip so often given off by the latissimus dorsi to the pectoralis major, practically important by its liability to complicate the operation for ligature of the axillary artery; to the third head of the biceps, the rectus sternalis, or the slip which frequently passes from the external oblique to the pectoralis major. So also of the arteries. The fact of the common absence of any trunk for the origin of those vessels usually given off by the subclavian, under the name of the thyroid axis, is not referred to, nor is there mention made of the irregularities of the renal arteries, in their number and mode of perforating the kidney; of the disappearance of one of the profunda branches of the brachial, or of the frequent origin of an "internal thoracic" branch from the internal mammary. We also notice that the almost constant presence of a second intercosto-humeral nerve, given off from the third intercostal, is not spoken of. Although we are told that the olecranon process sometimes remains ununited to the ulna, we do not learn the more frequent and perhaps equally important fact, that the acromion process does not always unite to the spine of the scapula, but remains separated from it by a sort of articulation liable to give rise to the idea of an ununited fracture.

But perhaps these are not the worst omissions. Facts which are only of occasional occurrence may be better omitted than those which are of constant existence, or details which are of importance in themselves, or in their bearing upon other facts. Of such omissions we would instance the following.

Information as to the source from which the iris is supplied by nerves, is sought for in vain, and nothing is said of the important relation of the vessels of the iris to the sinus circularis iridis. So is it with regard to the synovial membrane surrounding the flexor tendons at the wrist, and its connections with the sheaths of those tendons in the fingers, which, varying for each one, have such a relation to the prognosis of felon. The same may be said as to the tendon of the psoas parvus, absent when the iliac fascia is well developed and vice versa, with its relations to the crural ring, and the manner in which it protects the iliac vessels from compression, during the contractions of the psoas magnus. We have nothing about the "ligament of Retzius," or, under any other name, of the parts of the anterior annular ligament of the ankle-joint which



constitute it; of the fusiform dilatation of the internal carotid at its commencement, or of the curvature of the arteries, especially the iliac, in old persons and in negroes. All these facts are of importance, surgically, and might well have been made the subject of a paragraph of "surgical anatomy," infinitely more valuable than many which the author has introduced.

We have said, however, that the book under consideration was not only incomplete, but also open to the criticism of being deficient in the accuracy of its statements. In support of this opinion, we will refer to one or two instances.

Thus, at p. 2, we find it stated that the proportion between the organic and inorganic constituents of the bones varies at different periods of life. The statement is repeated at p. 304, in connection with the description of the fractures of the lower extremity. We are a little surprised at this, for we had long ago supposed it an established fact that bone had a fixed and settled composition, always the same, whether in infancy or old age. So far back as 1850, this opinion found its way into continental textbooks, and we find it accepted by Mr. Humphry in his *Treatise on the Skeleton*. Stark, Owen Rees, Von Bibra, Nelaton, and Sappey, have each verified the experiments which have led to this result, and which is, as stated by Dr. Stark (*Ed. Med. and Surg. Journal*, April, 1845, p. 323), and founded on analyses of the bones of 232 different vertebrals, "that the amount of earthy matter in healthy bones is nearly uniform over the whole animal kingdom, and that neither the solidity or flexibility, the opacity or transparency of bones depends on an increased or diminished amount of the earthy matter in their composition." Von Bibra's experiments show the same proportion of earthy and organic matter in the fœtus of seven months, the man of thirty, and the woman of seventy, the latter being to the former as 67—33. It is to be borne in mind that *the bones* are not to be confounded with *bone*. The fragility of these in the aged is due to the rarefaction, resulting from progressive absorption going on at a more rapid rate than ossific deposition, whilst the increase of density does not counterbalance the diminution in weight and thinning of their walls.

At p. 639, we have a repetition of the usual mistake, so often commented upon by Dr. J. B. S. Jackson, about the ductus venosus, in the statement that "it joins the inferior vena cava;" and, in common with other errors, this is most prominently apparent in the illustrated plan of the fœtal circulation. It is also stated that the umbilical vein divides into two branches, viz., one to join with the portal vein, and one which continues onward under the name of the ductus venosus. Now every student knows that the umbilical vein breaks up into numerous branches, *three* of which are always well-marked; one of them goes to the left lobe, another to the right lobe, and this, larger than the preceding, is joined by



the vena portæ, whilst the third, smaller than either, is the ductus venosus and terminates in the *left hepatic vein*. We observe both these errors in the illustration, and also the additional one of the ductus arteriosus arising from the trunk of the pulmonary artery, instead of from its left subdivision, as correctly stated in the text.

At p. 76, we find the statement that ossification of the costal cartilages is in proportion to the age of the individual. This is not correct. Ossification is the result of disease rather than age, intemperance being one of its most frequent causes. As Mr. Humphry very correctly says, "the morbid condition which induces it in the adult may induce it also in the aged, though I have not remarked that it does so; and I suspect that those in whom it does occur do not often attain to a great age." The cartilages of Old Parr remained soft and were easily cut when he was examined after death by Harvey, and in a skeleton, in the Berlin Museum, of a person one hundred years old, the costal cartilages are unossified.

At p. 163, we read that "the movement of flexion (of the elbow-joint) is limited by the coronoid process, and that of extension by the olecranon process." Neither of these processes limits either of these motions, as the student must understand Mr. Gray to mean, by contact with the humerus at the bottom of their respective fossæ. Arrest of articular motion, by contact of the bones, never takes place. In the instance before us, the thin transparent septum between the fossæ would be liable to be broken through; the jar of the contact would be painful, and the effectiveness of the joint impaired for constant use by the disagreeable sensation which such an abrupt termination of movements would give rise to; therefore is it that the ligaments, and under no circumstances the processes, check, gradually and not abruptly, the limits of movement in the elbow, as well as every other joint of the body.

The following sentence occurs at p. 683. "Below the meatus urinarius is the orifice of the vagina, an elliptical aperture, more or less closed in the virgin by a membranous fold, the Hymen." A reference to the drawing of the vulva will show us what this statement means. We there have a very symmetrical orifice, beautifully "pinked," around its border, and elliptical in its antero-posterior diameter. Now the orifice of the vagina is an irregularly-shaped, transverse ellipse, and this we have repeatedly observed, and recently, independently of another, arriving at the same conclusion, had occasion to verify. It would be so theoretically, and it is so in point of fact; the walls of the vagina come together at the orifice as they do higher up, with this sole difference, that being a little contracted at this point, the apposition is not so apparent in women who have *not* borne children, unless they are strumpets, as in those who have; whilst in a few cases the whole orifice of the vagina may be so occluded by the large

flaps of the carunculæ which occasionally remain (as often, we imagine, as Mr. Gray's little scollops), that it cannot well be demonstrated without distorting its shape in the endeavor to press aside the carunculæ or folds of mucous membrane which obscure the outline of the ellipse.

At p. 27, we find a reiteration of the statement, originally made, we believe, by Mr. Hilton, of the non-existence of the frontal sinuses in children. We have seen specimens in which these were fully developed, obtained from young persons of ages varying from seven to fifteen. At p. 693, we are informed that the deep layer of the superficial fascia of the inguinal region is attached to the "deep layer of Poupart's ligament." How many layers has that ligament? At p. 671, we have the unfortunate third lobe of the prostate, which we had supposed was disposed of long ago, resuscitated by a very ready method, but with the saving clause, that its existence is not constant; and only present, Mr. Gray might have added, in cases of partial or general hypertrophy of the organ. The difficulty experienced in burying the third lobe of the prostate, would seem to require some one to write its epitaph, as Bartholinus did that of the liver when he wrote his "*Exequiæ Hepatis*" and "*Responsio de difficili Hepatis Resurrectione*," in defence of Pecquet's discovery of the receptaculum chyli, which exploded the theory of Aselli, who had taught that the lymphatics emptied into the liver.

(To be concluded next week.)

## TUBERCULAR CONSUMPTION.

BY EDWARD JENNER COXE, M.D., OF NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

\* \* \* \* \* MANY cases of practical interest are on hand, but I prefer to notice a subject that must by all be admitted to be most important. I allude to consumption of the lungs, and the more than possibility of effecting a greater number of cures in the advanced stages, than is generally conceded to be the case, by the persistent employment of remedies, to be specified, materially aided by appropriate dietetic and hygienic resources, perseveringly adhered to by the patient, with a will and energy proportioned to the magnitude of the existing evil. Of this important point, much is to be said, at another time. Circumstances of a personal nature compelled me, many years back, to devote particular attention to the treatment of consumption and chronic bronchitis, and my position for the last four years, as one of the visiting physicians to the Charity Hospital, where cases of consumption are always to be found, in connection with those in private practice, has afforded ample opportunities for the constant study and treatment of those diseases. It is not my purpose to indulge in vain

boasting, but, believing that benefit has been witnessed in all cases, and more cures effected than is generally claimed by our most reliable authorities, am I to be regarded as doing more than my profession requires by promulgating facts, for the benefit of suffering humanity? The universal prevalence of consumption, its known excessive fatality, the recognized difficulty of controlling or curing that disease, present sufficient reasons for noticing the subject.

It will doubtless be remembered that, some months back, I forwarded for your Journal the detailed treatment of an interesting and complicated case of consumption, which did not appear in the Journal. At the proper time, requesting the return of the manuscript, one of the editors, in reply, assigned two reasons for its non-appearance. One was, the too great length of the article, which might have been obviated by bringing it out in successive numbers; the other was, that the general course of treatment appeared calculated to produce injurious, rather than beneficial and curative effects. I regret my inability to give the precise words, the letter having been mislaid, but I am certain such was the real meaning. In a professional spirit, with a desire to do good, I will state a few facts defying contradiction, and possibly causing a modification of such an opinion. For some time before the occurrence of the case alluded to (March, 1858), to the present (June, 1859), not a day has passed, in which all of the remedies indicated have not been given, three or four times a day, to from four to eight patients, not only without in a single instance causing the least inconvenience of importance, occasionally nausea, but in every case more or less real benefit was apparent to all, and felt by the patients. The general result of the numerous trials made during a period of nearly three years, authorizes the assertion, that benefit was uniformly afforded, even in those cases beyond hope of a cure, but not of relief.

In not one case has any injury whatever resulted, while the number of cures has been greater than had been the case prior to the bringing into use the various remedies now invariably entering into the formula, necessarily varied according to circumstances. I consider the fact of the utility of the different remedies as actually proved; to what extent it may be carried, time and further trials can alone determine. As one of the valuable adjuvants, I have seen too frequently the positive good resulting from the inhalation of many medicines, not to have been more strongly impressed in its favor than ever. Although it is used in almost every case, let me here state, that valuable as I know it to be, after more than thirty years experience with it, I hesitate not to assert that, *per se*, unassisted by every other adjunct, it will not, and from the very nature of the constitutional disease, it cannot, effect the cure of a single case of consumption, although it will cure many cases of pure uncomplicated chronic bronchitis. The



shameful apathy of the majority of the profession, as regards the employment of medical inhalation, has ever been a matter of astonishment.

While speaking thus favorably of the effects of positive medicinal treatment in the advanced stages of consumption, I should not pass over the marked influence which these remedies, in conjunction with the general course of treatment, undoubtedly possess in the first stage of the disease, or in cases of a strongly-marked predisposition thereto, from whatever cause proceeding, which, as far as my observation has extended, is by no means very difficult to decide about. I have no hesitation in alluding to this point with some positiveness, because, if consumption is ever to be successfully treated and a large number of cures with some facility effected, an appropriate course of treatment, medicinal, dietetic, and hygienic, must be instituted and vigorously pursued. I make the above remarks, because of the firm belief that by such means an arrest can not only be made of the tubercular deposition, but that it can frequently be removed. I doubt not you may consider me unreasonably enthusiastic, but as I have employed every means to enable me to entertain a belief in the power of our profession to control the ravages of this too prevalent disease, why should I hesitate to promulgate it? Certain it is, that I do not entertain the views of those prominent members of our profession, Drs. Bennett, Forbes and Bigelow, for I do place great confidence in *judicious medication*, proportioned to the nature of the disease, as well as to the age, sex and constitution of each individual.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 11th.—*Disease of the Upper Jaw-bone.* Dr. J. M. WARREN reported the case.

“A gentleman, 64 years of age, applied to me in the Spring of 1857 for a disease of the upper jaw-bone, presenting the following characters and having the following history. Some months previously he began to feel a fulness in the left cheek; this was followed by a constant discharge of tears from the left eye, and apparent obstruction of the lachrymal duct. Very shortly a mucous discharge commenced from the nostril of that side, accompanied with a swelling in the neighborhood of the first and second molar teeth. The face soon after began to swell, and a globular tumor made its appearance on the cheek just below the orbit, apparently of a bony structure. An examination having at this time been made, a polypoid tumor was found in possession of the left nostril, which obstructed his breathing, and prevented the passage of air through that side. At this stage of the affection, and while suffering a good deal from pain in his face, he applied to me.

“On passing a finger into the mouth, an elastic condition of the bone

at the alveolar processes and back part of the mouth was perceived, as if a tumor was making its way through at that point from the antrum. In front of this was situated the other tumor mentioned above, projecting from the face of the jaw-bone out toward the cheek; this also had the feel of very thin expanded bone. In the nostrils the polypoid tumor was very apparent, filling up the whole passage.

"I advised the patient to enter the Hospital, and, a consultation of the surgeons being held, it was decided as the opinion of those present, that the disease was probably of a malignant character, but that before proceeding to the removal of the whole bone an exploratory operation should be done, and the future steps be governed accordingly.

"The patient being etherized, a free incision was made through the mucous membrane of the mouth into the projecting tumor of the cheek. It proved to be a bony cyst, entirely filled with a glairy fluid, and had no connection with the cavity of the antrum. An incision was now made into the elastic projection on the alveolar processes, and a finger being introduced, penetrated at once freely into the cavity of the upper jaw-bone, which was found completely crowded with soft matter, having at first the appearance of colloid cancer. A finger of the other hand was now passed into the nostril, and forcing its way through the soft mass contained there, penetrated the cavity of the antrum at this point. The two fingers could now be made to meet within the cavity.

"I was at first disposed to proceed at once with the removal of the whole upper maxillary bone, but as there seemed to be some question as to the nature of the disease, I decided to clear the cavity of the bone of its contents, apply caustic potash freely to the interior, and await the issue. Much to my surprise, the operation was followed by very little local or constitutional disturbance. The patient did remarkably well, and in about a couple of weeks returned home apparently relieved.

"About three months after the operation, he applied to me with a slight return of the polypoid tumor of the nose. This was removed by breaking it down with the finger, and the caustic was again applied to the antrum. The cyst of the bone was completely obliterated by the first operation. This seemed to have been simply an inflammatory action, which had taken place between the two tables of the bone, caused by the inflammation in its neighborhood.

"This gentleman applied to me again in June, 1859, with a projecting tumor of his cheek, and a return of the polypus in his nose. He was also suffering with much nervousness from the continuance of the disease, and was very desirous that I should perform some radical operation for his cure. The tumor on the cheek was now quite hard, and not elastic, as on the previous operation. The opening into the antrum still remained fistulous, and there was no tumor at that point as before. A probe could be easily passed through the very small opening into the antrum. The lower floor of the orbit seemed to be a little elevated, and the lower eyelid everted. The palatine process of the superior maxillary bone appeared healthy, and there was no evidence of tumor in the posterior fauces. I unhesitatingly advised removal of the maxillary bone, and the operation was performed at the Hospital on June 8th, in the following manner.

"From the embarrassment caused in this operation by the blood



running down the throat and getting into the air-passages, notwithstanding the greatest precautions, it is desirable to do it as rapidly as possible, consistently with its thorough performance, unlike most operations in other parts of the body, in which, since the introduction of the use of ether, the surgeon may, for the most part, be as deliberate as he chooses. For this purpose I had a small table arranged in front of the patient, having all the necessary instruments on it, within my reach, and even the sponges, so as not to require the asking for anything to be handed. As large a dose of ether was administered to him as it was calculated would last through the first incisions, and then allow him sufficiently to recover to expectorate. The incisions were made, and the whole bone with the tumor exposed. The flaps being now separated, the sponge was again applied over the wound, and while the patient was being a second time etherized, a notch was made with a fine saw in the malar bone, near the suture where it joins the external orbital process of the frontal bone. The sponge was now removed, and this and the other bones cut quickly through with Liston's large forceps, the usual incisions through the mucous membrane of the palate having been previously made. Although I had not attempted to do the operation quickly, a friend afterward informed me that it had taken exactly nine minutes in the performance.

"The forceps used in this operation, although large and somewhat clumsy in appearance, do their work better and with more comfort to the operator than any other instruments, so far as my experience goes, having tried them a number of times on the living, and very frequently on the dead subject. If in proper order, the incisions made by them in the bone are very clean, and without splintering. They are nineteen inches long, the blades being three inches, about the length required for spanning the alveolar processes and cutting through the hard palate.

"After the removal of the bone, a polypoid tumor, which hung by a long neck in the upper part of the nasal passage, was cut off by the scissors, and seemed to be distinct from the tumor in the antrum. The first rush of blood after removal of the tumor being staunchied by sponges placed in the wound, the bleeding almost at once stopped, and only one or two small vessels in the flaps required to be tied. The edges of the wound were now brought together with six or seven sutures, which were tied in bow-knots, so that the wound might easily be opened by the house-surgeon if required by excessive hæmorrhage. The patient, on recovering from the ether, got up, and was disposed to walk off; as a matter of safety, he was taken down stairs in a chair by the attendants. The left eye, which was partially exposed by the drooping of the lid, was covered with a bit of black cloth, and the wound with a compress.

"Dr. Ellis made the following observations on the tumor.

"'Tumor was composed of white, soft substance, in which were numerous cavities containing transparent, gelatinous material. Examined by microscope, the white substance was found to be composed of nuclei containing well-marked nucleoli. In the midst of the nuclei were many clear spaces of the same size, or larger than the former. They suggested the idea that the cavities filled with the gelatinous material might have originated in this way. Considerable fibrous tissue was also seen.'

"I made a visit to the patient in the afternoon, and found him as



comfortable as could be expected. He passed a good night, and in the morning manifested some appetite; took gruel, broth, and a little brandy and water.

"On the third day he was so well, that I advised him to sit up in bed; the edges of the entire wound in the cheek having adhered together.

"On the fourth day all the sutures were removed, with the exception of the one next the mouth. He was able to be up and about his room.

"On the seventh day he was sufficiently well to go out of doors, and on the tenth day returned home."

MAY 9th.—*Pneumothorax*. Dr. PARKS was called to attend ———, at St. Vincent's Orphan Asylum, in Camden St., on the 10th of March, 1859.

The patient was a slender, delicate girl, 12 years of age. She was not of a tuberculous family; but had formerly undergone hard usage.

Five weeks previously, the patient had, in common with other children in the Asylum, an eruption of the skin supposed by her attendants to be measles. From that time forward, she had a cough. The day before Dr. P. first saw her, she had been seized with a pain in the chest.

He found her, on the 10th of March, in bed, suffering considerably with the pain in the right side of the thorax. The pulse was about 130. The lower half of the right lung was filled with moist crepitating *râles*. Over this region, percussion was dull, and the voice, of increased resonance. At one point, about half way between the apex and the base of the right lung, there was slight ægophony.

Leeching and Dover's powder were prescribed; and, on the following day, the pain was entirely gone, and did not return till April 12th. The subsequent treatment was mainly by Dover's powder, fusel oil, and generous diet; the fever being always of an asthenic type. The pulse was somewhat variable, from 126 upwards.

To return to the physical signs, the condition of the right lung, from the first visit—March 10th—till April 12th (at which latter date a new order of phenomena presented themselves), was as follows:—Crepitation extending at various times from the lower half, to the lower two-thirds of the organ. Dulness on percussion increased to flatness. The bronchial respiration became more intense. The left lung, at times, presented at different points, some crepitus, but never extensively, and sometimes none at all, so far as was detected. The patient was always ausculted sitting up in bed. The sputa were, for the most part, swallowed. Those which were seen were at no time colored.

April 12th, on visiting the patient, for the first time after the 7th, Dr. P. found an entire change in the physical signs. The patient had been seized, on this day, with pain in the right lateral region, and was suffering from it, at the time of the visit. The pulse was small, and very rapid. The respiration was hurried. The crepitation had almost entirely ceased to be heard over the right lung. In place of the previous flatness, there was *resonance* on percussion greater than on the other side. The respiration, at the lower portion of the lung, was amphoric. At the upper fourth of the lung, there was no amphoric, but on the contrary, comparatively vesicular respiration.

There was considerable moist crepitation at the lower portion of the left lung.

On the following day, April 13th, metallic tinkling was heard. The pain had been relieved, after a sinapism and fomentations.

April 14th, great bulging of the right side of the chest was observed.

At this date, Dr. J. B. S. Jackson was kind enough to see the patient, in consultation, and confirmed the existence of the physical signs latterly described; viz.—tympanitic percussion, amphoric respiration, metallic tinkling, and distension of the right side of the chest.

April 26th, no metallic tinkling had been heard for several days. The amphoric respiration had extended upward. The strength was failing. In other respects the state of things had not materially changed.

The patient gradually sank, suffering but little, and died on the night of the 29th of April.

*Section-Cadaveris.*—Dr. J. C. WHITE was kind enough to remove the lungs, a complete autopsy not being feasible.

The subject was much emaciated. *Succussion* gave the sound of the splashing of fluid, with a strong amphoric resonance.

On puncturing the right side of the chest, before commencing the dissection, the flame of a lighted match was strongly blown. A pint, or a little more, of turbid serum was seen in the right pleural cavity.

The lungs were subsequently dissected by Dr. J. B. S. Jackson. There was a large mass of tubercular matter at the apex of the left lung, which organ also contained tubercles disseminated through its remaining portion.

The right lung was solidified through nearly its entire extent, and sunk in water. On passing a tube into the right bronchus, and blowing, while the lung was beneath the surface of water in a glass jar, bubbles of air were seen to emerge from the lung, and rising, were heard and seen to explode upon the surface of the water. This was when the lung and the fluid together about half filled the vessel. When the two together filled the jar, the explosive sounds were diminished. On lifting the organ so that the point of escape was above the liquid, the air emerged with a continuous hissing sound, whatever the height of the water.

The escape of air proved to be from two different points, one at an accidental incision (which Dr. White was aware of making, in removing the lungs) low down upon the organ; the other (where the perforation during life took place), in the very back part of the upper lobe, and about half way from the apex to the lower limit of that lobe.

On laying open this lung with the scalpel, its solidification was found to be owing to its being packed with tubercles throughout.

On cutting open the trachea, and dividing from above downward, and to the right, one of the bronchi was found cut off by a tubercular cavity of the size of a small chestnut, and lined with tubercular matter. This cavity opened upon the surface of the lung, at the point of perforation above described. Through the perforation, a probe was freely passed by Dr. Jackson, without meeting with any resistance whatever. A number of other points were observed, at different parts of the pulmonary surface, where perforations were, as it were, just ready to take place, similar to that which had occurred.

How the metallic tinkling was effected in this case, is a question raised by the situation of the perforation at the upper part of the



lung. It might, perhaps, be said that since by its great solidification, the lung was rendered comparatively incompressible, while its specific gravity was raised above that of water, the organ would sink in the fluid contained with it in the pleural cavity, as far as its attachments would allow, and would displace that fluid to such an extent as to raise the latter above the level of the perforation. But, such an hypothesis would seem to be negatived by the fact of the great tympanites, which existed contemporaneously with the metallic tinkling, and which extended far down toward the base of the lung. We are led, then, to seek another explanation.

Dr. Bigelow says, in his paper on pneumothorax, the most common cause of metallic tinkling is "the explosion of bubbles of air from beneath the surface of the liquid," in a "vibrating cavity." But, he also says, in the same paper, "a minor, or *sub-metallic* tinkling, having no musical resonance, may be produced by slight impulses given to the air in the cavity, such as the breaking of bubbles of mucus at orifices above the surface of the liquid."

Now, the suspicion occurs to me that "the breaking of bubbles of mucus" at the point of perforation, in this case, though above the level of the liquid in the pleural cavity, may have been the source of the true and marked metallic tinkling heard, that sound taking the place of the *sub-metallic* tinkling, which, from the preceding extract, we should have expected, and which, under ordinary circumstances, would probably have occurred. I am led to this suspicion by the consideration of the facts, that at times, in the course of our experiments, considerable force was requisite to expel, through the perforation, the air blown into the bronchus; and, that occasionally the stream of air would be checked entirely, to resume its course a minute after, perhaps, upon a renewed insufflation.\* It would seem as if there were an occasional obstacle to the passage of air; as, for example, a minute detached mass of the tubercular lining of the cavity presenting at the orifice. This last supposition, however, is purely conjectural.

I infer, therefore, that during the life of the patient, the explosion of the bubbles would be forcible in proportion to the resistance overcome in producing them; and thus, instead of "slight," we should have *strong* "impulses given to the air in the cavity." The sound of the bursting of these bubbles would also, we conceive, derive full effect from the intense amphoric resonance observed in the case under consideration.

If this view be received, the case may perhaps be regarded as an exceptional one.

No other plausible explanation occurs to me, of the phenomena above described, unless it be considered such to assume that the small tubercular cavity behind the perforation contained sufficient fluid to supply the condition of the bubbles of air bursting from beneath the surface of a liquid.

Dr. BIGELOW remarked that the results of several experiments, made some years since, would seem to show that all the sounds heard in pneumothorax can be produced after death, in pneumothoracic patients.

The production of these sounds requires a large cavity with indurat-

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\* This circumstance may possibly explain why the metallic tinkling was not heard for the few days preceding death.



ed walls, or tense walls, as when formed by the pleura, together with the presence of air and a liquid.

In the experiments alluded to, a tube being introduced into the cavity through the walls of the chest, in a patient dead from pneumothorax, a perfect metallic tinkling was produced by blowing through the tube, if its extremity was below the level of the fluid. If above, no tinkling was heard, but in its place, amphoric resonance. If any tenacious fluid obstructed the mouth of the tube while above the fluid, a sub-metallic tinkling was heard, less marked than when produced by the bursting of the bubble from beneath the surface of the liquid.

In the case reported by Dr. Parks, the orifice may have existed above the surface of the fluid, and have been obstructed by viscid secretion. Just in proportion to the firmness of the obstruction, would be the force of the sound; the obstruction yielding suddenly, and the rush of air causing the vibration of the walls of the cavity.

In 9 out of 10 cases, the metallic tinkling is produced by the entrance of air beneath the level of the fluid, but there are undoubtedly cases, as above stated, when it is due to the sudden bursting of air through an obstruction into the cavity above the fluid.

Dr. JACKSON remarked that he had never heard a louder metallic tinkling than in this case; and from the great resonance on percussion which extended to the very base of the lung and which would seem to indicate the absence of all fluid in the pleural cavity, he thought there could be no doubt that the tinkling was produced at the opening of the pulmonary into the pleural cavity.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JULY 21, 1859.

HYGIENIC MATTERS.

THE City Registrar of Providence, R. I., in his monthly report, states that that city is believed to be entirely free from smallpox, although an epidemic of variolous disease has existed there of late, there having been 21 cases of variola, and 52 of varioloid, between the first of January and the first of June. He says, "the disease commenced under circumstances extremely favorable to its extension, and was undoubtedly arrested by the general attention to vaccination. A more striking example of the value and effects of vaccination is seldom seen than that furnished by the history of smallpox in this city during the winter." In our remarks last week, on the prevalence of this disease in Boston at the present time, we expressed our doubts whether the most complete extension of vaccination that could be effected would secure us from the spread of varioloid, so long as the disease continued to be introduced into the city from without. Among the causes which tend to favor the spread of contagious disease, there is none more potent than the crowding of great numbers of human beings into a small space, and this state of things must always render us liable to occasional epidemics of varioloid, and other contagious diseases, although here also, as with vaccination, the remedy is, to some extent, in our own hands.

A writer in the *Courier*, of the 15th inst., makes some pertinent observations on this subject. Alluding to the deplorable hygienic condition of New York, he says—"In Boston we are as yet far distant from the condition there described, but the seeds of corruption are beginning to show themselves. The question I would ask, is this :—If a case should occur in Boston where 94 families were found living in one house, and a consequent mortality ensue greater than any known in London or Paris,—whether our city authorities have now the power to abate such a nuisance?" The question is one of serious moment. If we have no such power, it is high time it were obtained. Not only smallpox, but ship fever, and other contagious maladies, besides diseases, no less fatal because not capable of being communicated from one individual to another, flourish under such circumstances. If it is true, as we fear, that Boston is beginning to rival other cities in the crowded condition of the dwellings of the poorer classes, we must expect a corresponding increase in sickness and mortality. The extension of business into certain quarters formerly occupied by Irish laborers has done something towards destroying these foci of disease. Half-moon Place, one of the foulest nests of pestilence which ever existed in Boston, we are happy to say no longer exists, its area being now covered with warehouses. But many others still remain. A few summers ago, we counted sixty children playing in a small court leading out of Pearl street, all of whom probably lived in the few houses composing the court. On entering one of these houses, it seemed difficult to imagine how it could have contained any addition to the number of inhabitants already swarming within it. So long as this overcrowding of dwellings is allowed to exist, it is vain to expect that our city will be free from epidemic disease.

DR. DURKEE'S TREATISE AND A NEW YORK REVIEWER.

WE must express our surprise at the appearance, in the *New York Journal of Medicine*, of an article professing to be a review of the recently published treatise on Gonorrhœa and Syphilis, by Dr. Durkee, of this city. The writer's private griefs, at a manifest eclipse of a certain translation of Ricord on the Venereal, edited by him, might have excused sharp criticism, but should not have betrayed into unfairness. To speak of a work which is filled, to an unusual degree, with distinctly announced opinions, the results of thirty years experience—with admirable and original descriptions of all matters relating to diagnosis—and with the clearest practical directions in regard to treatment, as "chiefly a compilation"—amounts to an interdiction of the use of the English language, every word of which has been again and again used by preceding writers.

A large portion of the review is devoted to fault-finding, because of Dr. Durkee's unwillingness to adopt every specious explanation of patients, and to admit the extreme frequency (though he by no means denies the possibility) of blennorrhagia derived from other sources than impure connection. "We think," says the reviewer, "it is time that every man who has the clap should not therefore be considered a liar, and we maintain that the statements of the majority of venereal patients who come under the care of any physician can be relied upon implicitly." We think, that when any physician has seen this class

of patients (even many of those among them who have no urgent motive for concealment and no delicate sense of shame), again and again compelled to abandon their subterfuges and *acknowledge* that they have lied, he learns to be somewhat incredulous in regard to specious tales, when they are contradicted by glaring facts, or are opposed to the results of almost universal experience. Are not the works of Ricord, and other commentators on syphilis, full of flippant recitals of the devices resorted to for removing the ingenious veil of mystery with which patients had vainly hoped to shroud their disease?

We protest against the attempts of some writers on syphilis to substitute the exception for the rule, and to defend the doctrine, inculcated by the reviewer in another place, "that a man rarely communicates gonorrhœa to a woman unless he has it himself" (*very rarely*), "while, strange as it may appear, most women who communicate gonorrhœa to men, do so without having it." We object to such far-fetched explanations as that gonorrhœa does not occur more frequently in married life because of an acquired acclimation between the parties. How is it that men *acclimated* with kept mistresses should be so often victims of this disease? How is it that in married life it should occur so very seldom when the parties are faithful to each other, but should be so readily communicated where one of them has become infected from a third person? We make these protests and objections without regard, for the moment, to the bearing of these questions upon public morality; but from a strong aversion we confess that we entertain to having the good sense of the members of the profession outraged by attempts to exhibit them as holding opinions, which would be considered, by many a shuffling patient, as only worthy to be laughed at as fit for "the marines." We are quite satisfied with the conclusions of Dr. Durkee, "that while the medical man admits that various innocent causes may induce gonorrhœal discharges, he may feel warranted in the opinion that the combined agency of all these causes is quite insignificant, compared with the agency attributable to the one chief cause. Where there is ground for reasonable doubt as to the cause of blennorrhagia, it is right that the suspected party should have the benefit of that doubt."

In the treatment of gonorrhœal ophthalmia, Dr. Durkee is represented as recommending venesection "in a manner not sanctioned by the best modern ophthalmic surgeons." It is true he cites two authorities as placing great reliance on depletion; but he expressly says, "bloodletting is not carried to anything like the extent which was once considered proper," and he goes on to state various reasons *against* heroic use of this means.

The youthful reviewer concludes his task by taking exception to the brevity of the descriptions of some of the symptoms of true syphilis; but we submit, that in a work of but 431 pages only a limited space can be devoted to details of the features exhibited by well-understood and undisputed phenomena.

To conclude, we must reiterate our formerly expressed judgment in favor of the work of our distinguished fellow townsman. In our opinion, Dr. Durkee's book is well adapted to the *practical wants* of physicians and students—is both graphic and lucid in style, and is creditable, alike to the long experience of the author and to the medical literature of his country, in which it fills so important a place.

SALIVARY CALCULUS.

A case of this somewhat rare affection has lately occurred in the person of the editor of the *Gospel Banner*, who devotes a considerable space, in the number of that paper for June 2d, to a description of his case. It appears that the patient had been subject to obstruction of the duct of the submaxillary gland from childhood, and, once before the present attack, a small calculus emerged from the duct, having been preceded by swelling and severe pain. At another time, an abscess formed in the gland. The last attack commenced with pain, swelling and fever, which soon became extreme, and continued for ten days, when a hard, calcareous substance was found, through an incision previously made. This was extracted by forceps, and proved to be a salivary calculus, an inch and an eighth long, and weighing ten grains. It appeared like a rough piece of yellowish-white coral. By way of apology for making his case public through the medium of the *Banner*, the editor says, "If the *Atlantic Monthly* can occupy pages with the 'Differential Calculus,' why should not we take a column to tell of our Salivary Calculus!"

Died under the Effects of Chloroform.—An inquest was held at Bellevue Hospital, by Coroner Gamble, on the body of a German woman, named Augusta Brady, who was admitted to the Hospital last Tuesday evening, suffering by burns sustained by her clothes taking fire while she was intoxicated. One of her shoulders was also dislocated. Drs. Goubley and Russell attended her, and deemed it advisable to give her chloroform during the operation for dislocation. The woman sank, however, before she had inhaled much of the anodyne, and died. The jury returned a verdict of "Death from secondary meningitis, probably hastened by the administration of chloroform during a surgical operation." They did not censure the physicians, however. Deceased was 28 years of age.—*N. Y. Times.*

Cancer Hospital.—The ceremony of laying the foundation-stone of the new Hospital for Cancer at Brompton, nearly opposite the Consumption Hospital, was performed on Monday afternoon by Miss Burdett Coutts, in the presence of a very numerous company, including the Bishop of London, the Ven. Archdeacon Sinclair, and several other clergymen and medical gentlemen. At Brompton, where a house has during the last six years been devoted to the reception of in-door patients, 803 afflicted persons have been received, and treated with all the advantages which a generous dietary, good nursing, and medical skill can give. The house, however, could not be made to afford that which is essential in all disease, and most especially to one so obnoxious as this—viz., pure air. A site for a new hospital has therefore been purchased by the trustees of the charity, with a view of ultimately accommodating 300 patients.—*London Lancet, June 4th.*

Medical Department of the Army.—The Army Medical Board, which recently convened in this city, have recommended the following gentlemen for appointment in the Medical Staff of the Army:—

No. 1. George Suckley, M.D., New York. No. 2. Dewitt C. Peters, M.D., New York. No. 3. Charles H. Alden, M.D., Pennsylvania.

Assistant Surgeons, Alexander B. Hasson and Jonathan Letherman,

were examined by the Board, and found qualified for promotion.—*N. Y. Monthly Review.*

Prof. E. R. Peaslee has been transferred to the Chair of Obstetrics and Diseases of Women in the New York Medical College, made vacant by the resignation of Dr. B. F. Barker; and Prof. Austin Flint, Jr., late of Buffalo, has been appointed to the Chair of Physiology and Microscopy. Dr. Flint holds the same chair in the Buffalo Medical College.—*Med. and Surg. Reporter.*

Dr. S. D. Gross, Professor of Surgery in the Jefferson Medical College, has been elected to the Surgical Department of the Howard Hospital, to fill the vacancy caused by the resignation of Dr. R. L. Madison. The duties of this position are divided between Dr. D. D. Clark and Dr. Gross.—*Ibid.*

Health of the City. The mortality of Boston for the last week was large compared with the corresponding period a year ago. Cholera infantum, casualties, scarlatina, smallpox, and "inflammation of the bowels" (peritonitis?) were the chief causes of the increased number of deaths. The number from these sources alone was 27, being just three times that of the corresponding week of the preceding year from the same diseases. Of these 27 deaths, it is fair to say that two-thirds might have been prevented. The victims to smallpox were all males; 2 were adults, aged 22 and 26 years, and three were children under 2 years of age.

Correction.—By the misprint of a word in the valuable paper of Dr. Beardsley, in the Journal of June 30th, a novel and ludicrous result is represented to have followed the use of stimulants in the treatment of diphtheria. In the last paragraph but one of that article, on p. 441, the word "hair" should have been printed *brain*. An apology is due Dr. B. for the delay in making this correction, its insertion having been by oversight twice omitted since the occurrence of the mistake.

A writer in the *London Lancet* alludes to amputation as a remedy in hydrophobia, and also to the administration of large quantities of ice in the treatment of that disease.—In a suit for damages in London, for the breaking of a patient's jaw by a dentist in the extraction of a tooth, the jury returned a verdict for the plaintiff—damages, £10.—Baron Henry Larrey, son of the well-known Larrey who was so highly esteemed by Napoleon I., is, at the present time, as was formerly his father, Director-General of the Army Medical Department in Italy.

Communications.—Application of Potassa Fusa to the internal surface of the Uterus.—Nitrate of Silver in Inflammations of the Throat.—Comminuted Fracture of the Upper Arm.—Saratoga Springs for Consumptives (carelessly retained in the Boston Post Office for ten days).

Deaths in Boston for the week ending Saturday noon, July 16th, 72. Males, 38—Females, 34.—Accidents, 2—inflammation of the bowels, 4—inflammation of the brain, 1—congestion of the brain, 1—cancer, 1—consumption, 16—convulsions, 4—cholera infantum, 7—cholera morbus, 1—croup, 2—dysentery, 1—dropsy, 3—dropsy in the head, 1—drowned, 3—puerperal diseases, 1—elephantiasis, 1—scarlet fever, 5—typhoid fever, 3—disease of the heart, 2—inflammation of the lungs, 1—congestion of the lungs, 1—rheumatism, 1—scrofula 1—smallpox, 5—strangulation, 1—teething, 1—tumor, 1—whooping cough, 1.

Under 5 years, 26—between 5 and 20 years, 9—between 20 and 40 years, 19—between 40 and 60 years, 12—above 60 years, 6. Born in the United States, 51—Ireland, 15—other places, 6.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX.

THURSDAY, JULY 28, 1859.

No. 26.

TALIPES VARUS.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY BUCKMINSTER BROWN, M.D.

THE lad who is here this evening, to be examined by the members of the Society, was born with double talipes varus. He is from Detroit, Mich., and is now 9 years of age. The efforts of his parents, from the time of his birth to the present, have been unwearied to obtain a cure of the deformity, and no expense or pains have been spared. The following extracts from a letter written by the boy's mother, previous to his coming to Boston for treatment, give a brief history of the case up to that time.

"Our boy was born with both feet very badly misshapen. At the age of eight months he was operated upon by a surgeon, who divided the tendon of the heel and the ligament in the hollow of the foot, * * * * * but the feet remained the same as at first. At the age of two years and four months, the child was operated upon again, by a surgeon who was confident of success, and he remained under his care two years, during which time the tendo-Achillis and the ligament on the inside of the foot were cut five times each, making ten incisions in the two feet. All sorts of apparatus were used, from a single splint to a harness reaching from the waist to the toes, weighing not much less than five pounds. Chloroform was administered during the cutting, and paregoric and opium without stint given to enable the little sufferer to bear his torture. At the end of two years his health seemed to be giving way, and we released him from the stocks. That he lived through all, seems a wonder; that his temperament should be nervous and his disposition irritable, seems but natural. He is now eight and a half years old; his feet are as bad as ever they were, I think—and notwithstanding our hard experience, we are anxious to place him under your care, in case you could encourage us to believe that he could be made better."

The plaster casts which I have now in my hand are from the moulds of this boy's feet, taken when he first came under my care. (See Figures 1 and 2.) It will be seen that they present some unusual peculiarities, consisting chiefly in the rounded, marble-like

prominences standing out upon the dorsum or top of the feet, and in the marks of the cicatrices and adhesions which were formed

Figure 1.

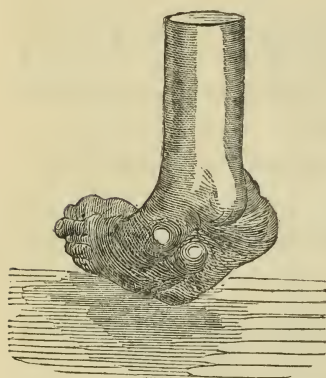
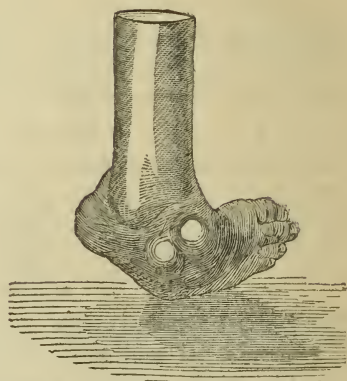


Figure 2.



Copies of casts taken when the patient came to Boston.

between the skin, fascia, tendons and cellular tissue at the place of the early operations, all of which are well represented by the casts. The feet were completely turned inward, and rotated on their own axes, and the patient in walking threw one over the other, as is usual in such cases.

Figure 3.

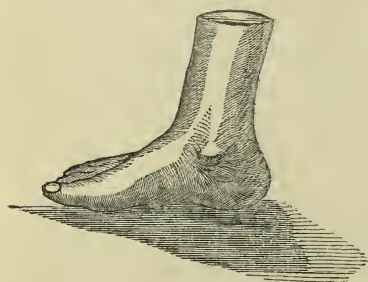
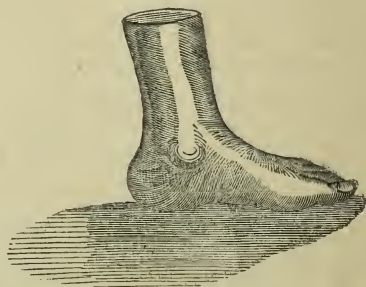


Figure 4.



Copies of casts taken after treatment.

The left foot was cured, or nearly in the condition you now see it, in about six weeks. (See Figures 3 and 4.) In the right, however, the cicatrices and adhesions above referred to were far more rigid and unyielding.

The free and persevering use of strong mercurial ointment appeared to have a decided effect in producing absorption and softening of these results of inflammation, and the member was gradually brought to its present state, which it will be seen is that of a perfect foot. The appearance and shape of the members, and the action of the joints (which last is in all these cases the most difficult to acquire), will be found, upon examination, to be equal to that of feet which have never been malformed.

NITRATE OF SILVER IN INFLAMMATIONS OF THE THROAT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It is not at all my intention to speak of the affections of the throat to which the use of nitrate of silver is applicable, or of the rules which should govern us in its use, but only to call the attention of the profession to a mode of applying it which I have found exceedingly convenient and serviceable. I have for a long time discarded the use of that instrument so disagreeable to most patients, the throat-swab, and instead thereof I make, as we may say, the throat swab itself. It is done in this way. From a third to half a teaspoonful of the solution of the desired strength is thrown into the back part of the mouth, the act of swallowing being relied upon to diffuse it over the surface of the throat. The quantity is so small that this is all that the act can do, and it does this quite as effectually as swabbing can do it.

Besides getting rid of the disagreeableness of the common swabbing operation, we secure in this way, in many cases, a better application of the remedy. As the patient can use the remedy himself after this plan without any difficulty, it can be used with any frequency that may be desired. I have found that generally a solution of the strength of eight grains to the ounce, applied frequently, answers the purpose better than a stronger solution used at longer intervals. In acute cases I commonly direct its use four times a day—in chronic cases every night at bedtime. Of course there are cases which require a stronger solution.

The mode of application indicated is peculiarly serviceable in the case of children. With them the use of the swab is at least awkward, and in all cases where quiet is important, the disturbance necessarily attending its use is very objectionable. Since I have resorted to a better mode, I have been more ready to examine the throats of children with reference to the use of this remedy, and have found them more often affected with inflammation than is commonly supposed.

Most other topical remedies for the throat cannot be applied with the same facility in this way, because they have not the same disposition to attach themselves to the surface over which they are diffused.

So much gratification has been expressed by physicians who have tried the above method of using nitrate of silver, that I have thought it best to communicate it to your JOURNAL, that its benefits may be more widely diffused. Though it be one of the minor improvements, it is one which, from its frequent applicability, is of much value, and is therefore worthy of record. The idea on which it is based is a simple one, and undoubtedly has occurred to some others as well as myself, though I have not seen it adverted to in any journal.

W. HOOKER.

New Haven, Conn., July 11, 1859.

VOL. LX.—26*

SARATOGA SPRINGS AS A RESORT FOR INVALIDS WITH PULMONARY DIFFICULTIES.

[Communicated for the Boston Medical and Surgical Journal.]

AN impression is generally entertained by the public, that our mineral water cannot be drunk by persons suffering with lung difficulties, without injury. If *once true*, it is not so now. For several years past, and since the discovery of the Empire Spring, invalids have been testing its virtues until its efficacy in pulmonary disease is abundantly proved.

Our healthy climate, with its dry, sandy soil and pine groves, has always been agreeable to the consumptive; but the water from the various springs, containing more or less iron, could not long be taken without aggravated symptoms, such as tightness or stricture of the chest, increased cough and fever. But this is not the case with the use of the Empire water. It can be used not only with impunity, but I am convinced more and more strongly, every year, that it is absolutely and unqualifiedly *beneficial*.

Incipient consumption always improves here, and hundreds now date their first improvement from the use of this water. It improves digestion and assimilation; and nearly all who have been under my care or observation, have gained strength and flesh, and make yearly visits to Saratoga, encouraged by such results.

I am confident the alterative effects of our Empire water (in which there is a large quantity of iodide of potassium) are such that the appetite and assimilation are improved; the cough and expectoration diminish under its use, the skin becomes warm and healthy, the superficial circulation improves, and the result is an increase of flesh and strength.

My observations are not confined to one season, or one year's effects, but have extended through a series of years. I am taking the testimony of patients every day as they now return and report their improved health.

I will relate, in another communication, the details of a few marked cases, and let others judge if they do not give satisfactory evidence of the curative effect of the Empire Spring water in lung diseases.

L. E. WHITING.

Saratoga Springs, July 7, 1859.

ON THE APPLICATION OF POTASSA FUSA TO THE INTERNAL SURFACE OF THE UTERUS.

BY HORATIO R. STORER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It will be recollected that some time since I proposed the application of caustic potash to the interior of the uterus in certain cases of obstetric disease.

As the suggestion was then challenged for its apparent temerity, claiming, as it did, to reach cases otherwise incurable, I will add another instance from practice to those already on record in this JOURNAL, and have the less hesitation in stating the case as it is from the experience of a gentleman whom I believe entirely unbiassed.

The patient, Mrs. A., of New London, N. H., I saw in consultation with Dr. McIntire, of Goshen, during the summer of 1856. Her symptoms were somewhat obscure, but such, nevertheless, that I had no hesitation in affirming the existence of an intra-uterine polypus, in opposition to the opinions of several physicians who had previously examined the case. Want of time prevented my then operating for its removal, and though earnestly requested to do so, I was unable to revisit the patient. I have lately, however, received from Dr. M. the further history of the case, and shall now quote from his letter, which is dated April 26th, 1859.

"Mrs. A., whom you saw at New London, is now at my house. After seeing various other physicians, among whom was Dr. C., of H., all of them telling her that no polypus was there, and some of them strongly opposing your views of the case and its treatment, she could not be pacified until the os had been dilated and the womb examined beyond doubt: accordingly, three weeks since, I commenced the use of tents. Previously to this, the mass you detected (and of whose existence Dr. M. was convinced, both by sight and by palpation, during my visit with him), had sloughed off, as I think I wrote you once, leaving a healthy looking os.

"After dilating, I found a fibrous base of the same mass, broadly attached, extending nearly to the fundus, and presenting one small spot, about the size of a pea, which was extremely tender. To this I commenced applying *potassa fusa*, and have made three applications. The mass is now nearly gone, and the patient (who was bedridden) sits up three quarters of the time."

This is the second case of the successful application of *potassa fusa* to the interior of the uterus reported to me by Dr. McIntire, to whose courage and good judgment I again cheerfully bear witness.

Blue Hill, Milton, July 13, 1859.

SIMPLE AND COMPOUND COMMUNUTED FRACTURE OF THE ARM AND FOREARM.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

On the first of August, 1849, Mr. George W. Shaw was returning from Boston to his residence in Grantville, in the Boston and Worcester Railroad cars.

He was holding a newspaper in his right hand, with his elbow projecting from the window, when the door of a freight car, which had been improperly left too near the track, blew to, as the train was passing, bending his arm around the frame of the window. The arm was fractured just above the elbow. The iron fastenings of the door penetrated the elbow-joint, producing compound comminuted fracture in that place, two of similar character in the ulna, and a simple fracture near the wrist. The limb was broken in five places.

Mr. Shaw was a large, very fleshy man, of sanguine temperament, extremely sensitive to pain. From these circumstances and the great heat of the weather, my prognosis was unfavorable. I had my doubts whether his situation and chance of life would be much bettered by amputation. I determined, therefore, to attempt, in the first instance, to save the arm. The fractured ends of the bone were brought into apposition, the wounds dressed, and splints applied.

On the next morning, I found him doing better than I had reason to expect. I met, at his lodging, the President and Superintendent of the Worcester Railroad, who offered to procure additional surgical aid; to apply to Dr. John C. Warren, or any one else who might be preferred. As I saw no immediate occasion for a consultation, and as Mr. and Mrs. S. expressed perfect confidence in me, the offer was declined.

After a day or two, the wounds began to discharge, and this discharge soon became immense. To keep the arm in its position, I had a tin case made. This was found filled with matter at every dressing, besides quarts which had escaped upon the pillow and bedclothes.

Nevertheless he went on favorably. It was necessary to dress the arm every day, and sometimes twice a day, on account of the heat of the weather and the profuse suppuration. Every dressing, every motion of the arm produced agony. In ordinary cases of fracture, even in compound fracture, I have found much less pain than most persons would expect.

I should have stated, that in setting the arm, I had placed him under the full influence of ether, which was kept up for some time after the dressing was completed. To this I attributed the fact that the inflammation was not as violent as I expected. I do not know whether it has been observed by others; but I have thought that where ether or chloroform was used, there was less active inflammation—less tendency to adhesion, more to suppuration. If this is the case, while we gain in the use of ether in an instance such as the present, we lose when adhesive inflammation is desired.

However this may be, to the free use of ether I attributed the comparatively low degree of the inflammation, and its not producing greater constitutional effects. Everything continued to go on well; but twice I was called to him in haste, in consequence of

profuse bleedings from the wounds in the forearm. The simple fractures united well, but the wound at the elbow and the excessive pain produced there by the slightest motion, prevented flexion of the joint, so that when it became time to discontinue the splints, the elbow was found stiff.

By advice of Dr. John C. Warren, I placed him again under the influence of ether, and attempted forcible flexion of the joint. But I found that the fracture of the humerus was so near the elbow, that I should sooner break the newly-formed adhesion than restore the mobility of the joint. I did not, therefore, repeat my effort.

The wounds of the elbow and of the forearm had healed, contrary to my expectation, without leaving fistulous openings. No pieces of bone, that I am aware of, came away. Whether the comminuted pieces came away in the matter, or whether they were absorbed, I know not. He continued, however, to suffer a great deal of pain, and I had the arm constantly wet with rum; perhaps rather a dangerous practice after a patient resumes his usual walks in life, since his companions may not always distinguish whether the smell of spirits proceeds from the bandages or from his breath.

I would say, in passing, that had this patient's health been injured by habits of intemperance, he could not have recovered as he did. Next to a healthy state of the body, he owed his recovery to the unwearied and judicious care of his wife.

When he became able to go out, the arm was still kept in a tin case, and after I had ceased my attendance, leaving it to be dressed daily by Mrs. Shaw, he came for me to examine it occasionally at my house.

He never acquired the use of this arm; it remained permanently stiff, fixed at nearly a right angle.

"GRAY'S ANATOMY."

[Concluded from p. 496.]

WE have spoken of some of the deficiencies and inaccuracies which are most noticeable in Mr. Gray's Anatomy. We are sorry to observe that a good many inconsistent statements also occur in the work in question; these are the more to be regretted, as being liable to confuse the student, and leave him in doubt as to which is correct, or whether both are equally true.

At p. 198, the risorius Santorini is stated to be "placed superficial (sic) to the platysma." This is something new; for most anatomists have heretofore considered the risorius as *part* of the platysma. Mr. Gray is not unaware of this fact, for at p. 203 he says that the "most posterior fibres (of the platysma) are the rudiments of a remarkable accessory fasciculus, the risorius Santorini." At p. 348, the position of the axillary artery in the axillary

space is described as "much nearer the anterior than the posterior wall." At p. 351, in order to cut down upon this vessel, it is said that the incision must be made "over it, and a little nearer to the posterior than the anterior fold of the axilla." At p. 5, in giving the "general characters of the vertebræ," it is stated that the inferior intervertebral notches "are *always* the deeper." At p. 6, speaking of the "characters of the cervical vertebræ," the author says "the *superior* intervertebral notches are slightly deeper than the inferior." At p. 306, Pott's fracture is represented in the engraving with the end of the tibia resting upon the *outer* side of the astragalus. In the text describing this fracture, it says "the end of the tibia rests upon the inner side of the astragalus."

At p. 122, in speaking of the development of the fibula, our author says, "the lower epiphysis, the first in which ossification commences, becomes united to the shaft about the twentieth year, contrary to the law which appears to prevail with regard to the junction of epiphyses with the shaft." At page 4, we find it stated that "the order in which the epiphyses become united with the shaft, follows a peculiar law, which appears to be regulated by the direction of the nutritious artery of the bone. Thus, in the lower extremities the nutritious arteries pass downward in the tibia and fibula, and the lower epiphyses of these become first united to the shaft." Here is a manifest inconsistency; but the statement itself is correct, and evidently has reference to a law which does not find a place in Mr. Gray's book, it being supplementary to the one above quoted, and to this effect, viz., that ossification begins last in that epiphysis toward which the nutritious artery is directed, and which therefore first unites with the diaphysis. As ossification in the lower epiphysis of the fibula appears at the second year, and in the upper not until between the fourth and fifth year, this general law does not apply in the case of that bone. Yet how is the student, who is not already acquainted with these facts, expected to reconcile such statements?

The introduction of surgery into an anatomy is of questionable propriety. As has been asked, "if the anatomist teaches surgery, who is to teach anatomy?" for although anatomy is the basis of both external and internal pathology, it is impossible to make one volume the "*vade mecum*" of all. The relations of parts are so variously modified, both by the nature of diseases and the circumstances under which they occur, that their consideration in an anatomical treatise must be so imperfect and incomplete, as to render their admission a comparatively valueless addition. Descriptive anatomy is itself surgical anatomy, and properly includes the recognition of certain points of surgical importance. This, however, does not necessitate the discussion of all the stated operations, or the consideration of pathological questions; and yet, in the

book before us, with scarcely an exception, the paragraphs designated "surgical anatomy" are thus devoted. The insertion of these paragraphs, too, is most unequally distributed. In many places, where we might properly look for one, we find it omitted, and the student's attention not called, even by a word or two, which would often be enough, to many points of real surgical interest. The simple suggestion that a part described has a pathological or surgical importance, would alone be sufficient, or might perhaps be accompanied by a reference to the place where further information could be sought. Nor would such a course be at variance with what we have just said with regard to our ideas of the introduction of pathological and surgical anatomy.

Our author might thus with propriety have alluded to those little cysts, of such constant occurrence in connection with the epididymis (suggesting an analogy to a frequent condition of the ovary), which the dissector finds in two thirds of the testicles he examines, and have explained how it is that in those cases, tapped as hydroceles, and discharging a milky fluid containing spermatozoa, the fluid comes, not from the tunica vaginalis, but from one of these very cysts, enlarged and distended, so that the size renders it impossible, during life, to distinguish it from a true hydrocele, and which obtains its spermatozoa, not from the tubuli of the epididymis, but because, by virtue of propinquity, it possesses the power to produce a secretion similar to that of the organ near which it is seated (*Paget*). The presence of spermatozoa in the tunica vaginalis, after death, has been demonstrated but once or twice, and then only when one of these cysts (which with milky contents and containing spermatozoa, are constantly demonstrable,) has ruptured, or been punctured across the sac of a hydrocele, accompanying it. The presence of these cysts in numbers also explains the clinical observation, that hydroceles, the fluid of which is milky, recur after the radical operation more frequently than when the fluid is of the ordinary character.

And so again of the appendix of the testicle, of which Mr. Gray only remarks, at p. 677, that there is "attached to the upper end of the testis, or to the epididymis, a small pedunculated body, the use of which is unknown." Now as this appendage is described by so few anatomists, a little more detail might have been expected, especially in a new book, with regard to a part really of so much interest. This small excrescence, pedunculated, and often so slenderly, as to seem on the point of separation, enveloped on all sides by serous membrane, depending from the testicle and never from the epididymis (*Gosselin*), and found in subjects of all ages, is evidently a normal growth. Rudimentary, perhaps, of the omental process attached to the superior part of the testicle in the Rodentia and other animals, it offers another instance of the disposition manifested in all the serous and synovial membranes to multiply by folds and processes the extent of their secreting

surfaces. This disposition we see in the appendices epiploicæ of the peritoneum, the synovial fringes and Haversian glands of the articulations, and in the villosities of the choroid plexus. Still further is this appendix interesting in a pathological point of view, as explaining, by its detachment, the origin of the cartilaginous bodies which are not unfrequently found in the tunica vaginalis, revealing another resemblance to the synovial fringes of articulations and the conversion of them into the so-called "floating cartilages" of diseased joints.*

Although we have spoken of them, for the sake of illustration, at greater length than we intended, we think a suggestion in the proper place, of the connection of such facts as these just given, might very properly come within the scope of a general and voluminous treatise, and the more so, if they are in any way possessed of novelty, or not generally familiar.

But, besides complaining of the plan adopted and regretting omissions, we are sorry to say that, worse than these, in the methods given for performing surgical operations, a looseness prevails which deprives even these of much of their intrinsic value. For example, the course of the femoral artery is talked about, but nothing is said as to what that course is, or what its *points de ralliement* are. At p. 318, in the directions how to tie the common carotid above the omo-hyoid, the author says, "after dividing the integument, platysma and superficial fascia, the deep fascia must be cut through on a director," &c., as though the superficial fascia were beneath the platysma and the deep fascia to be disturbed in any other way than by opening the sheath of the artery, which it constitutes. In the operation for convergent strabismus, the eye is to be held everted by a "*blunt hook*." The external iliac vein is to be cautiously separated from the artery, when a ligature is to be applied to the latter, by the "*point of the knife*." Such are some of the surgical instructions given to the student, who, moreover, if he expects to learn how fractured bones are displaced, by the drawings copied from Hind, will find, when he comes to practise, that the verification of them will not be easy. That pure anatomy cannot be thus fantastically applied to pathology, the specimens of fractures in any museum will convince him. We would inquire, also, if the author thought it proper to describe the fractures, on what ground he omits the dislocations.

* Those peculiar bodies found in the interior of articular and bursal cavities, resembling boiled rice, the seeds of the pear, &c., and which, amongst other extraordinary synonyms, have received, from their concentric lamellated structure, the name of "pill-box hydatids," are originally, like the appendix testis, dependent from the serous membrane (and the broken process of attachment may almost always be seen, unless the bodies are very small, by floating them in water); being thrown out from the subserous cellular tissue, they push the inner serous layer before them, and becoming pedunculated, are finally detached by the movements to which they are subjected. Although these bodies may be formed from the residue of synovial and sanguineous effusions, resulting from injury, it is interesting, in connection with the study of similar outgrowths, occurring elsewhere (and it has been said that the Pacchionian bodies, and what are designated "tubercles" of the peritoneum, are also thus formed), to trace a similitude between organizations belonging to the natural, and those resulting from a morbid constitutional condition, and to find, in an occasional state of things, an origin closely allied to well explained and recognized physiological processes.

At p. 4, the statement is made that chronic inflammation occurring in any point at an early period of life, "the epiphysial cartilages take on premature ossification; this process proceeding so rapidly that it (what?) becomes converted into bone, which becomes united to the shaft, and the bone ever after is diminished in length." Now, if this were so, how much worse would it be if we added to the chronic inflammation, that which would result from excision of the joint. But in practice, do we find that the limbs of children who have had "white swellings," and in whom excision has been performed, do cease to grow? This question is a practical one, and the revival of the operation of excision at the knee-joint gives abundant opportunity to test its truth. The growth of a limb is by addition to the ends of the diaphyses of the long bones, and the results of excisions certainly show that if the thinnest slice of the epiphysis remains between the joint and the shaft, growth will continue in spite of the inflammation which has preceded, or accompanied, the operation. But more than this; growth is not arrested in all cases, even by the removal of the whole of one epiphysis, as in the amputation of the limbs of young persons. What causes the conical stumps so constant after this operation in children? Cases are not wanting where the bone has protruded, without either necrosis or the formation of conical stump. Guersent has said that he is often obliged to resect the stumps of amputated limbs in childhood, and although the lengthening may be only apparent, and due to the retraction of the muscles, it is oftentimes real, the bone continuing to grow by virtue of that law of compensation by which nature always endeavors to make up for the loss of parts, and because the upper epiphysis is not yet "soldered," to use a French expression, to the diaphysis.

It is not in surgery alone, however, that Mr. Gray is deficient, for in that department which more properly appertains to him, viz., dissecting, we fear, if he followed his own directions, he would hardly be more successful.

At p. 230, in dissecting the abdominal muscles, the flaps of integument are directed "to be reflected from within outwards, in the direction indicated in the figure," viz., at right angles to the course of the muscular fibres; a violation of the very first rule taught to the dissector, and no where more important to observe than in the preparation of the external oblique muscle. We should like to see the muscles of the palate dissected according to the directions given at p. 213, by simply laying open the pharynx with a vertical incision, or without detaching it from the base of the skull by a transverse incision on each side of the longitudinal one.

No information is given as to a multitude of simple processes which facilitate dissection and the demonstration of parts, familiar to most anatomists; as, for example, of distending the abdominal muscles by air blown into the peritoneal cavity through the umbi-

licus; of the advantage of various positions, and a certain order in arriving at parts; of inflating and drying, the better to appreciate the shapes of organs, or their valves; of boiling, to display or unravel muscular fibres, as of the heart, or uterus; of the benefit to be derived from softening bones in acid, so applicable to the temporal bone; of modelling in plaster of Paris, which, after the methods of Valsalva and Sappey, will give such beautiful casts of the external auditory canal; and so of many other little ways, more of which might be mentioned, that simplify the pursuit of practical anatomy and are of great assistance to the student. We speak of these, though they belong to a dissecting-room manual rather than to a general treatise, only because Mr. Gray has pretended to furnish complete dissecting directions.

At p. 447, we find the method for exposing the brain and its membranes is, to saw through the external table and to break through "the internal with a chisel and hammer, to prevent injury to the investing membranes of the brain." It has been said that it is impossible to do this, and the authority of Cruveilhier has been advanced in support of such a statement. Although a distinguished pathological anatomist has told us he would undertake to remove six calvariæ per hour, and in every case demonstrate the diploic interspace between the external and internal table, and in no instance wound the brain or its membranes, it is satisfactory to have confirmation of the facility with which the thing may be done, even from an anatomist no more skilled than Mr. Gray.

It is stated in the "American Publisher's notice" that the numerous typographical errors of the London edition are corrected in the present re-publication. We are surprised that they should not have been equally anxious to announce that their illustrations were re-printed from the original blocks, if for no other reason than to excuse the errors in spelling with which their lettering abounds, and which of course could not easily be corrected. Although the edition before us is a great improvement over the original one, we regret to find that so large a number of verbal inaccuracies, some of which we have already alluded to, still remain uncorrected: as, for example, "Paccinian," "aconeus," "palbebrarum," "interosseus," "epiphysal," "synarthroidal," "defæcation," "Eustachiam," "calvarium," "diagnosed." In words having the diphthong, we are, as in the English edition, sometimes favored with its use and sometimes not; thus, we have "aryteno-epiglottidean" and "arytæno-epiglottidean," "perineum" and "perinæum," "coccygeus" and "coccygæus," whilst we have further play upon its use in "cæcum" and "cœcum;" we find "vocal chord" and "vocal cord," "Fohman" and "Fohmann," "Glasserian" and "Glaserian," as also "vena comites," "levator anguli scapula," "a surface called the alæ of the sacrum," "trigone vesicæ," "three first," "two last" (passim); at p. 4, "epiphyses" for apo-

physes; and at p. 440, "the neurilemma supplies the ganglia with *its* bloodvessels." Following the usage of Meckel, Winslow, Cruveilhier, Quain, Wilson and others, the Philadelphia Publishers adhere to Mr. Gray's orthography in the use of "hilus" and "symphysis pubis," instead of hilum and symphysis pubes, which, we have been told, are, in that city, alone considered correct. We observe that "saphena" and "saphenous" are about equally used, when speaking of the veins of the leg, and "lamina" and "lamella" indiscriminately applied to the arches of the vertebræ. Saphena and lamina, in the above connections, are undoubtedly the only correct terms. Occasionally we have an unfortunate repetition, within a line or two of each other, as at pp. 313 and 552.

The terms Casserian and Gasserian are both found prefixed to the ganglion of the fifth pair, and Gasserian only to the external or musculo-cutaneous nerve of the arm. Now the ganglion is the Gasserian and the nerve the Casserian. Julius Gasser, who was a Professor at Vienna, from 1748—1765, first described the structure of the ganglion of the trifacial nerve. Although Vieussens in 1685, and Winslow in 1732, speak of it as the plexus gangliformis, Gasser was the first to describe it in detail, and his name has been associated with it on this account, and not as its discoverer. This is the statement of Hirsch, who was his pupil. A confusion of names has arisen from the fact that Gasser left behind him no writings, so that Julius Casser of Placenza, who did write, and who published two anatomical works at the beginning of the 17th century, in one of which he describes the coraco-brachialis as the "musculus perforatus," has had his name also connected with the ganglion, merely on account of similarity of spelling. Thus we have Gasser's name given to a ganglion which he did not discover, and Casser's to a nerve, when he only described a muscle perforated by a nerve.

But perhaps one of the most reprehensible features of the book we are noticing, is the want of a due recognition of the services of other writers; the English reviewers have been very severe with Mr. Gray in this respect, and have even gone so far as to lay upon him the grave charge of copying and paraphrasing from Quain and Sharpey, in a manner inconsistent with honesty, supporting it by references and parallel passages—alleging plagiarism even in the description of the spleen, where, from the author having written a prize essay upon that organ, originality might most have been expected. Certain anatomical facts have, it is true, become as it were common property: one need not always refer to Harvey when he speaks of the circulation, nor to the Psalmist in discussing the growth of the bones; but at least such names as Marshall Hall, Bell, Bowman, Quain, Muller, and others, have a right to be associated with their original observations. That Mr. Gray is not opposed to the use of foot notes is indicated at page 475, where we have six references thus introduced. This course,

if followed elsewhere, would often relieve the reader from embarrassment. For example, we should like to know on whose authority the statement is made at p. 3, that "lymphatic vessels have been traced into the substance of bones." Kölliker declares they have not been so traced, and Cruikshank, who says he saw them in the vertebræ, made his observations more than 60 years ago. A simple foot note here would help Mr. Gray's reputation for accuracy, especially as he says, at p. 425, that "their existence (the lymphatics) in the substance of bone is doubtful."

Having shown up so many deficiencies in the book we have been noticing, and we have not yet exhausted our list, it may be thought time to allude to some of its good qualities. Such is not a part of our intention; they are able to take care of themselves, for they are numerous and manifest. A book of its character could not fail to be correct and excellent in part. The criticisms offered have been made from a simply practical point of view, and are only such as any intelligent reader would make in looking at the book carefully. They may some of them seem trivial to the anatomist, but they cannot be so to the student who takes the book as his guide, and who, with no discretion to select the wheat from the chaff, finds himself obliged to believe all that he reads, and to find in the faults of the author only the proof of his own stupidity. Our object has been merely to exhibit the fact that Gray's Anatomy is not a desirable text-book, or a safe and complete guide for the practitioner. There already exist text-books of far higher range, wider scope, more complete detail, more accurate descriptions. In its present condition it supersedes none of its predecessors, and its size, pretence and ambitious belongings are only calculated to mislead the student and beguile him into the purchase of an inferior and unreliable work.

We cannot finish our remarks, though, without speaking of the very creditable manner in which the American Publishers have accomplished their part in the preparation of this edition. The correction of errors in a reprint is not practically so easy as might be supposed, and in the present instance was more than usually difficult. Amongst the ambitious young anatomists of Philadelphia an American editor could have been found, we think, who might have added to and corrected the original advantageously, and thus have rendered the whole more satisfactory; but as it is, and especially as its illustrations are reprinted from the English blocks, we can confidently recommend those who desire to purchase the work, to choose the American as a far better edition than the London one.

H.

Bibliographical Notices.

A Manual of Elementary Chemistry, Theoretical and Practical. By GEORGE FOWNES, F.R.S., late Professor of Practical Chemistry in University College, London. From the seventh revised and corrected London edition. Edited by GEORGE BRIDGES, M.D., Professor of Chemistry in the Philadelphia College of Pharmacy, &c. Philadelphia: Blanchard & Lea, 1859. 12mo. Pp. 600.

THE "Manual" of the late Mr. Fownes is too well known and appreciated to require any encomiums from us. The fact that seven editions have appeared in England, and two in this country, is sufficient evidence of its great value as a text-book and guide to the young chemist. The present edition is a reprint of one which was revised and improved by Dr. Bence Jones and Mr. A. W. Hoffman, last year. The American editor has made a few additions, particularly in the illustrations, and corrected various errors. In its present form it may be considered the best book to be put into the hands of the student in chemistry.

For sale in Boston by Brown, Taggard & Chase.

Elements of Medicine: a Compendious View of Pathology and Therapeutics; or the History and Treatment of Diseases. By SAMUEL HENRY DICKSON, M.D., LL.D., Professor of the Practice of Physic in Jefferson Medical College, Philadelphia, &c. &c. Second edition, revised. Philadelphia: Blanchard & Lea. 1859. 8vo. Pp. 768.

WE are glad to find that the favorable opinion we expressed concerning this work, on its first appearance, has been confirmed by the necessity for a second edition. The author has taken the opportunity to revise it carefully, and to supply such defects as the first edition was found to contain. The book is therefore still more worthy of the favor it has hitherto received. It is intended especially as a text-book for students, and as a guide "to physicians who have recently assumed the responsibilities of practice"; to them we heartily recommend it, as well as to those who are no longer novices in the profession, and who will find it to contain much which will be of value to them, both in the history and in the treatment of disease.

For sale in Boston by Brown, Taggard & Chase.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JULY 28, 1859.

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### MARRIAGES OF CONSANGUINITY.

THIS important subject has received much attention, and from very distinguished observers. We do not propose to go into any detail or to cite statistics in support of one or the other side of the question—*should consanguine marriages be encouraged?* Indeed, we do not know that it would be possible to offer evidence in favor of the affirmative—the negative has already a somewhat formidable array of facts to support it.

Perhaps statistical evidence to show the safety and propriety of

marriages between persons nearly related, might be accumulated ; but, as we think, with difficulty. There surely must be some good reason and an adequate foundation for the universally entertained belief that these connections are more or less uniformly unfortunate, either physically, mentally, or morally. There is always a large admixture of truth in what "all the world" believes—to use a common phrase. But while we thus think that popular opinion, with all its ignorance of the *why* and the *wherefore*, is not to be scornfully disregarded, we are far from being willing to pin our faith to its skirts, in this matter, or in anything else. We merely wish to say, that *no* widely spread belief is totally without foundation, or certain claims to respect, merely because it is popular, loose, and even—in many cases—tinged with superstition.

It must be mainly to close and reliable scientific investigation, however, that we must look for the solution of this and other questions of kindred importance. Let there be such a gathering of *facts*, from responsible *medical* observers, as shall, after sufficient accumulation, constitute our basis of reasoning and deduction. To sift these facts, and select only what is available to the purpose, is no light task. The object is worthy of all the labor which can be bestowed upon it. Were all competent physicians carefully to record such instances as fall under their observation, whether for or against consanguine marriages, we should finally—or the next generation might—have the means of judging more nearly than at present of the full truth of the matter.

For ourselves, without the least partizan feeling, we can say that we have seen too many direct instances of evil consequences from the marriage of near relations, to doubt, in the least, the unpropitious influence exerted. We cannot think that, were the following question propounded to any right-minded and well-instructed physician—would you think it right to sanction a marriage between very near relations—say first cousins?—the answer would be anything but an emphatic *no*. Yet we have been told that such marriages *are* sanctioned by some physicians—when their opinion has been asked—or, at least, that an adverse opinion has not been decidedly given. We do not, at this moment, recollect any such advisers, ourselves. We must say, that the responsibility seems to us too great to assume.

Dr. John Bell, of New York, in his elaborate and highly interesting communication published in this JOURNAL, July 14th, seems to take ground decidedly for allowing consanguine marriages. We must dissent, entirely, from his logic, although we have not time nor space, even had we the ability, to refute it. We commend his paper to the attention of our readers, as one containing original views, well expressed, and worthy of close examination.

*Per contra*, we would refer to a very interesting and highly scientific article in the *British Quarterly Review*—and which has been lately reprinted in *Littell's Living Age* (No. 790, July 16th, 1859)—entitled "Physical and Moral Heritage." Among the various aspects in which this truly vital subject is held up to view and thoroughly examined, is that of the question of consanguinity as affecting offspring. We have not space to extract much from this communication ; as a whole, all who take an interest in the subject will be both pleased and instructed by its perusal. One of the strongest positions taken, is that derived from the results—uniformly bad—of "*breeding in-and-*



in," as it is termed. The meaning of the phrase is well known. Youatt's words in reference to the practice are (cited in the article in the *Quarterly*)—"it is the fact, however some may deny it, that strict confinement to one breed, *however valuable or perfect*, produces gradual deterioration."

After referring to several other authorities, and presenting the principles on which their opinions are grounded, the writer in the Review thus remarks: "It is not difficult to apply these principles to the question of consanguineous marriages. The parents are here of the same breed and family, and we may almost with certainty conclude that neither of them will be free from defect or weakness in some organ; and being closely allied, the probability is that this organ will belong to the same series in one as in the other. In such a case as this, the offspring cannot escape the taint. \* \* \* \*"

A still stronger statement, from the same source, is the following:—"In our own circle of acquaintance, we know several families where there is an idiot child, or where many of the members have the most strongly marked nervous peculiarities, to which the parents and ancestry were strangers, and for which there seemed to be no plausible reason, except that their parents were cousins, and that the families had been in the habit of intermarrying." Still farther, the writer says: "Thus reason, theory and observation combine to prove the impropriety of consanguine unions, and the advisability of a contrast of constitution or race in the parents."

It is only very lately, that a most reliable statement was made to us concerning a large circle, composed of the first-class population of one of the Southern States, where the most lamentable results had followed consanguine marriages persistently practised. So many facts of this nature constantly present themselves to the notice of nearly every one, that *statistics*, although eloquent, are really less demanded than if the evidence were more removed from general observation.

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#### THE "VOICES OF THE NIGHT": THEIR EFFECTS UPON INVALIDS AND OTHERS.

To those of our citizens who are obliged, or who prefer, to remain in the city through the warm weather, the vocal and instrumental performances indulged in by man and beast during the "summer night," are by no means a matter of indifference. Those who are in a condition of fair health are generally tired enough by ten or eleven o'clock at night, to both desire and need uninterrupted repose—they are fortunate if they get it! About the hour last mentioned, we will suppose that the weary wight subsides into luxurious recumbency—the limbs relax, the dreamy delirium of a first slumber wraps the whilome busy brain in its enchanting meshes—a natural ether, never known to nauseate—everything is calm, delicious, grateful—when *whang, fizz, bang-bang*, just beneath the sleeper's casement, arouses him (or her) to the distinct but most disagreeable conviction that a next neighbor's almost-grown-up boys are winding up the observances of the "Fourth" by disposing of their surplus fire-works—date, 12th of July—police, "nowhar"! The pyrotechnic performance—not in the bills—being over, Morpheus is again invoked, for a long time unsuccessfully, but finally forgetfulness is reestablished. Suddenly the sleeper is half awakened by the impression that innumerable infants,

in various stages of distress, are pouring excruciating wailings into his ears. In his semi-conscious state, he is possessed with a mortal fear that a new Slaughter of the Innocents is being perpetrated by another Herod. In horror he awakes fully, to find himself "on end," grasping the pillow or the bolster, in the firm belief that he has the cruel monarch by the throat! For a moment all is still—what a frightful *dream*, he ejaculates, as he wipes the perspiration from his brow, and essays to compose himself again—to rest.

"But hark! that [fearful] sound breaks in once more,  
As if the clouds its echo would repeat;  
And nearer, clearer, deadlier than before—  
It is—it is———"

the yell of contending felines, upon the roof of his wood-shed, close at hand! Now shrill and short shrieks, now long, low growls, now one tumultuous chorus of all conceivable dread sounds "appal the list'ning ear of Night," and our sufferer's ears, too. Occasionally the vocal enunciations are exchanged for a quick, heavy "*thud*," indicating that one cat has flung the other against wall or roof. Thus doth Grimalkin "murder sleep." By way of interlude, let us here say that we have found the common *torpedo*, projected near to the furry combatants, and repeated, *ad necessitatem*, generally successful in effecting a dislodgement—although we have seen beasts of the feline family that declined to move under this fire; they will sometimes stay until their own "sweet will" is accomplished, and then depart with dignity—the hand-grenades making no apparent impression upon them.\*

If these inflictions, and others like them, are hard to bear for those who are well, what may we suppose them to be for the many *invalids* every large town contains?

Leaving the annual horrors of National Independence and the nightly *cantatas* of four-legged serenaders out of the question, what tortures do not the feeble and the sick endure from the tireless organ-grinder, peripatetic still, at ten, eleven, and sometimes at twelve o'clock at night? And to what class of organized life shall we refer those selfish persons who perambulate our streets even later than the above-named hours, not merely and *only* to sing romantic ditties, with all the parts—*alto* included—but to shout and roar "laughing choruses," and imitate wild Indians in the war-whoop—which, by the way, belongs peculiarly to the forest, and is exceedingly trying in the "stilly night," or in conjunction with "Kathleen Mavourneen" and wishes for "Good-night, good-night, lady bright!"

Single inflictions of the above nature, at reasonable intervals, well people and budding damsels may submit to, or even welcome; but an iteration thereof, until madness is imminent, is—we had almost sworn—an insufferable nuisance. We need not say what it becomes when invalids are concerned; but we affirm that if anything needs municipal regulation and measures for prevention, this does. Let organ-grinders and serenaders confine themselves to reasonable hours, and they are at liberty to circulate in the neighborhood of premises where we are owners—but, at full bed-time, and afterwards, *in due ratio*,

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\* Our friend the publisher of the JOURNAL suggests that we are rather inconsistent in adding to the nocturnal "voices" of which we complain, the crack of the torpedo—in other words, that the remedy is as bad as the disease. We plead, in extenuation, that the neighborhood being presumed to be fairly awake under the *first* infliction, it cannot be injured by the second!

they are trespassers, and by the—war in Italy, we intend to deal with them accordingly!

Another “voice” which “makes night hideous”—and which is wholly unnecessary—is the exaggerated and prolonged blowing of the steam-whistles of arriving or departing railway engines. Because an engineer on a railway-train is awake—or ought to be—what necessity is there that he should startle three-quarters of a city by the demoniacal shrieks of what Davy Crockett was wont to call “hell in harness”? If obliged to blow off steam, let it be done as easily as possible, not kept going at the top of its (or the engineer’s) bent, for the first mile out of, and the last into, some of the most populous portions of our city. We cannot be made to believe that the latter procedure is requisite for safety, nor yet demanded as an announcement of the arrival and departure of either freight or passenger trains. Yet it may be heard, and is constantly heard, with sensations of pain, by many a light sleeper, to whom sound sleep is of as much and often more importance than food and drink. Let those who sanction it, and who perpetrate it, think for a moment of the Golden Rule!

There are many more of these awful “voices of the night” which we cannot now specify—some, which cannot be prevented. We would ask, in downright earnest, should not all the inhabitants of a commonwealth unite in deprecating and suppressing unnecessary noises by night? Let the thoughtless consider, ere they shout and scream indiscriminately along the streets at midnight; they may be passing beneath the windows of one who, long racked with agony, has at last, by the blessing of God, sunk into a sleep which, if it lasts, may save his life. To startle him from it by unthinking revelry and selfish noise, may be to seal his fate! And who can tell how often this happens? We are so dependent on each other in this world, and especially so in the respects we have been considering, that it would seem as if the slightest reflection would cause most persons to pause before they do harm for the sake of a momentary, and at best a very questionable gratification. As for the other and preventible noises in the night season, we hold that what private remonstrance and exertion cannot remedy, is legitimately within the domain of police intervention; and that the authorities ought to see the cure applied promptly, thoroughly, and universally.

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#### OVARIOTOMY.—LETTERS FROM DRS. KIMBALL AND LYMAN.

MESSRS. EDITORS,—Noticing in the *MEDICAL JOURNAL* of last week the reply of Dr. George H. Lyman to a recent communication of Dr. Gross, of Philadelphia, relating to ovariectomy, I was struck with the following paragraph:

“While writing the Essay on Ovariectomy, I used all diligence to obtain everything important or unimportant relative not only to the operation, but to the disease, its pathology, history and treatment, and spared neither time nor expense in the pursuit.”

I am unable to reconcile the above statement with the fact, that at the time Dr. Lyman was preparing his Essay, he must have been aware that the operation of ovariectomy had been repeatedly performed by myself in Boston, as well as in other parts of New England; yet, so far as I have known, no account of my cases has ever been sought for, either by himself, or anybody in his behalf. A single case only





appears to have been put to my account. With a little more "diligence to obtain everything" relative to the operation in question, and a very trifling addition of time and expense, he might have obtained an account of at least a score more cases than at present appear on his record.

G. KIMBALL.

Lowell, July 15, 1859.

Having referred the above to Dr. Lyman, the following is his reply:

MESSRS. EDITORS,—Your correspondent, Dr. Kimball, certainly assumes a great deal in supposing that I "must" have been aware that the operation had been "repeatedly" performed by him in Boston as well as in other parts of New England. Perhaps the gentleman will be kind enough to let the profession know where the published accounts of his cases are to be found—vague and contradictory rumors are not proper material for statistics. The facts are as follows: Reports were at that time in circulation in this vicinity, of certain operations by Dr. K. for ovariectomy, but nothing definite was known as to the *results*. I did not choose to apply to any operator in this vicinity for leave to print his cases, for several reasons; among others it was to be presumed, and fairly I think, that if not already published it was owing to unwillingness to have them generally known, a kind of reluctance which would not probably be overcome by the mere request of a stranger. A second reason was, that the essay might not be the successful one, in which case it would not, of course, have been agreeable to have my own attempt known. But to prove the correctness of my statement, and show that I did not spare trouble in obtaining information on this point, I will, at the risk even of the complaints of your readers that so much space should be taken from your JOURNAL for a personal matter of this kind, say a word more.

After some conversation on the subject with one or two personal friends, I applied to a medical gentleman of this city, whose name is in your possession, and whose professional relations to my critic were known to be intimate and kindly, to ascertain if the desired information could in *any* way be obtained through him. He assured me that it was useless to make the attempt, as he had reason to know that Dr. K. would not give a detailed report of his cases, choosing rather to keep them for future use by himself.

Could I under the circumstances have "*used more diligence*"? I trust that at all events, my friends will be able "*to reconcile the above statement with the facts*" in the case.

The last few lines of Dr. K.'s note assure us that we have only to ask in order to obtain "at least a *score* more cases," &c. I therefore, through you, Messrs. Editors, most respectfully request of him such a detailed report of these cases as will render them statistically valuable—I should be glad to add them to my record.

#### HARVARD MEDICAL SCHOOL.

THE following is a list of the gentlemen who received their medical degrees on the 20th inst., with the subjects of their dissertations:

Charles Frederic Crehore. *The Nervous System.*

John Theodore Heard. *Delirium Tremens.*

Benjamin Lincoln Ray. *Renal Disease—with remarks upon its complications.*

John Woodbury Sawyer. *Causes of Insanity.*

Charles Carroll Tower. *Typhus Fever.*

Henry Lyman Shaw. *Management of Infants.*

George Palmer Wesselhæft. *Opium—its Uses and Abuses.*

D. HUMPHREYS STORER,

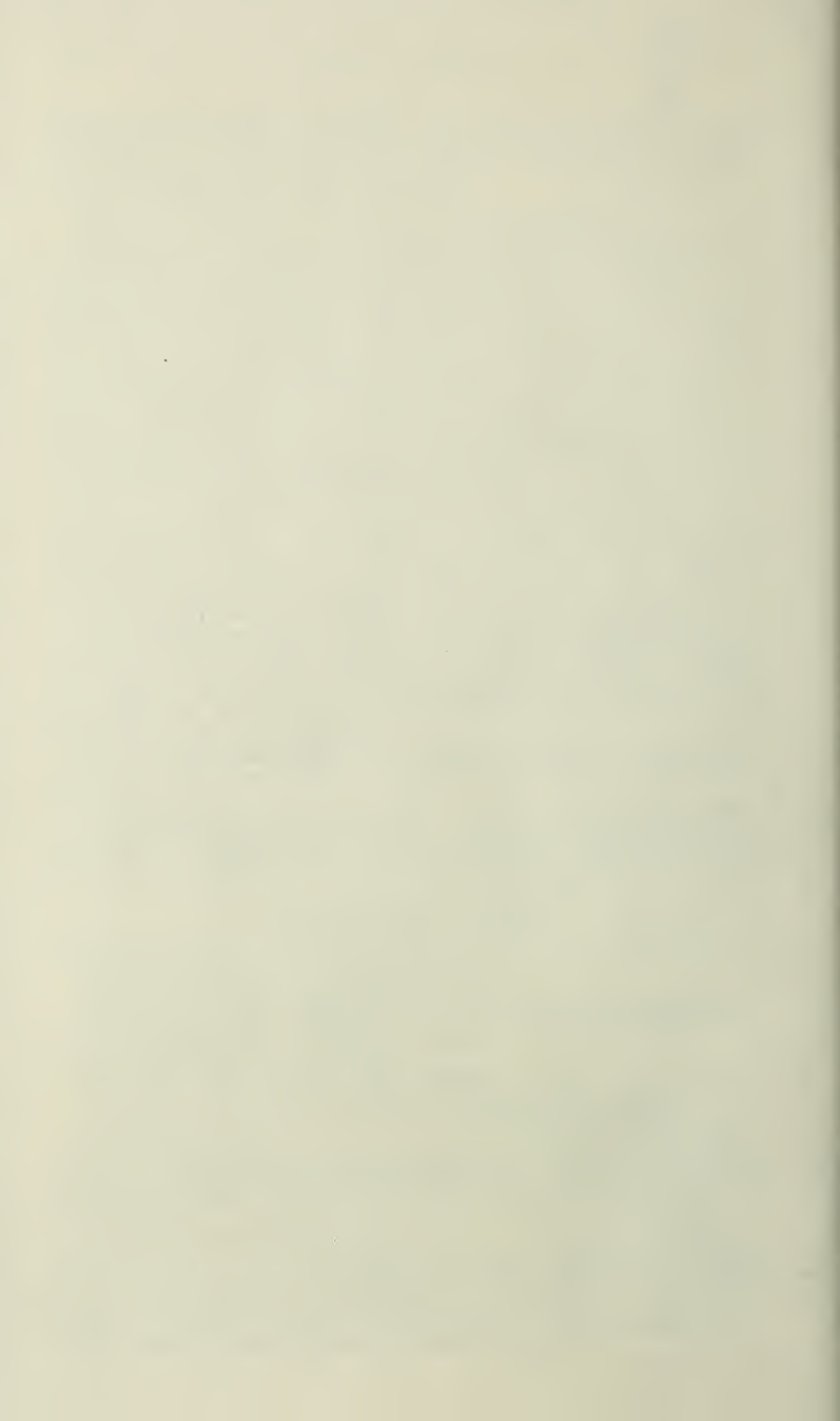
Boston, July 23, 1859.

Dean of the Medical Faculty.

*Books and Pamphlets Received.*—Essay on Intermittent and Bilious Remittent Fever. By E. S. Gailard, M.D. (From the Author.)—Treatise on the Immediate Cause and Specific Treatment of Phthisis. By J. Francis Churchill, D.M.P.—Some Remarks on the Methods of Studying and Teaching Physiology. By J. Aitken Meigs, M.D.

*Deaths in Boston* for the week ending Saturday noon, July 23d, 80. Males, 43—Females, 37.—Accident, 2—apoplexy, 1—asthma, 1—inflammation of the bowels, 1—inflammation of the brain, 3—cancer, 2—consumption, 14—cholera infantum, 13—croup, 2—dysentery, 1—dropsy, 2—dropsy in the head, 2—debility, 1—infantile diseases, 4—puerperal disease, 1—rysipelas, 1—scarlet fever, 4—disease of the heart, 1—inflammation of the lungs, 7—congestion of the lungs, 1—marasmus, 3—measles, 2—premature birth, 1—scalded, 1—smallpox, 1—suicide, 1—teething, 2—tetanus, 1—unknown, 1—whooping cough, 3. Under 5 years, 39—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 68—Ireland, 20—other places, 2.











RARE

PER



